UC
San Francisco
ML
LIBRARY
UNIVERSITY OF CALIFORNIA

Digitized by the Internet Archive
in 2016 with funding from
The National Endowment for the Humanities and the Arcadia Fund

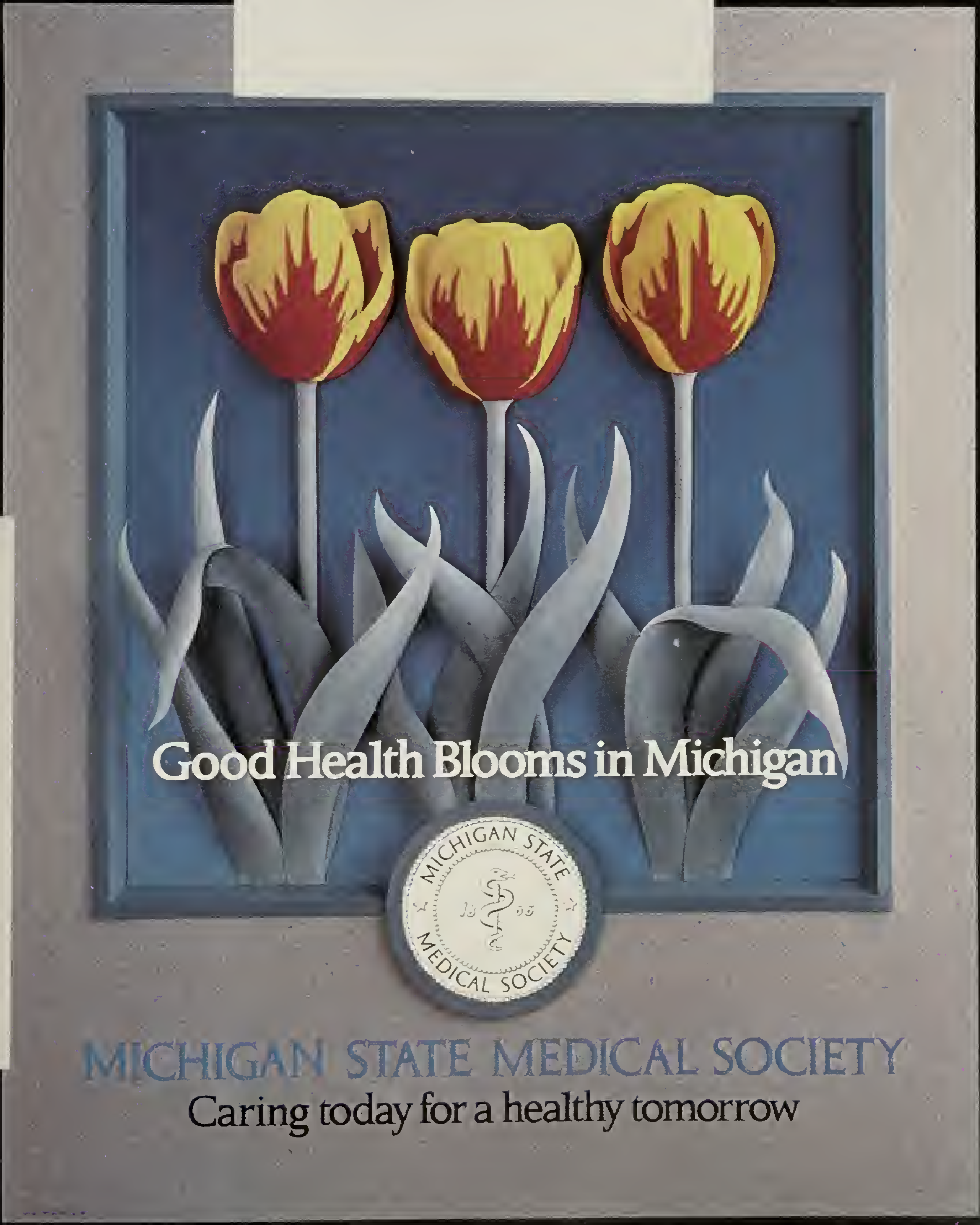
https://archive.org/details/michiganmedicine862unse

MICHIGAN
MEDICINE

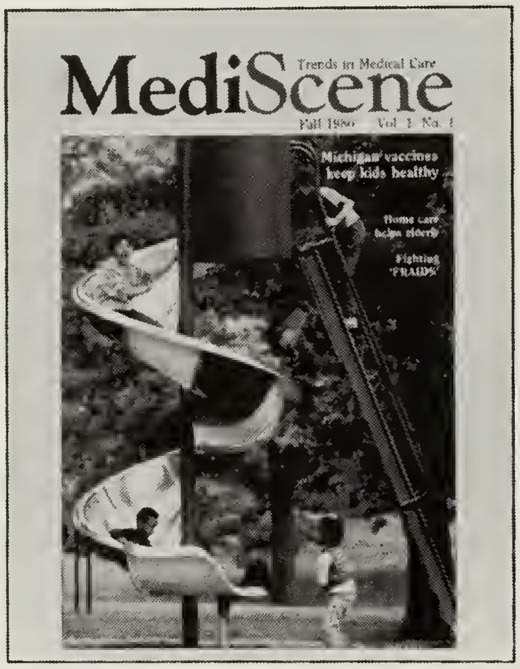
JULY 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86, NO. 7

Michigan medicine
UCSF LIBRARY
Received on: 08-04-87

191 0000000000 123187
UNIV CALIF SAN FRANCISCO
ACQUISITIONS DIV.
THE LIBRARY


Good Health Blooms in Michigan
MICHIGAN STATE MEDICAL SOCIETY 1866
MICHIGAN STATE MEDICAL SOCIETY
Caring today for a healthy tomorrow

This magazine is filled with information about Health and Medical Care.



Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away—by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four! Send me ___ subscriptions at $9.95 ea. (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea. (11 or more subscriptions). Enclosed is my check for ________.

NAME ____________________

ADDRESS ____________________

CITY ____________________

STATE ____________________ ZIP ________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A, D, DIA, END, NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

MICHIGAN MEDICINE

JULY 1987 VOL. 86 NO. 7

Special Report

Public service, public relations and professional relations — together they make up the 1987 MSMS communications campaign. Read inside about its three goals: to communicate to the public the achievements and professional attributes of Michigan physicians; to promote public and professional awareness of MSMS; and to strengthen communication among members regarding the activities and concerns of MSMS. Our Special Report also includes discussion of physicians as communicators, and asks these questions: Would you want to be your doctor? Will you work to cure the public's naivete regarding medical care? 438

Features

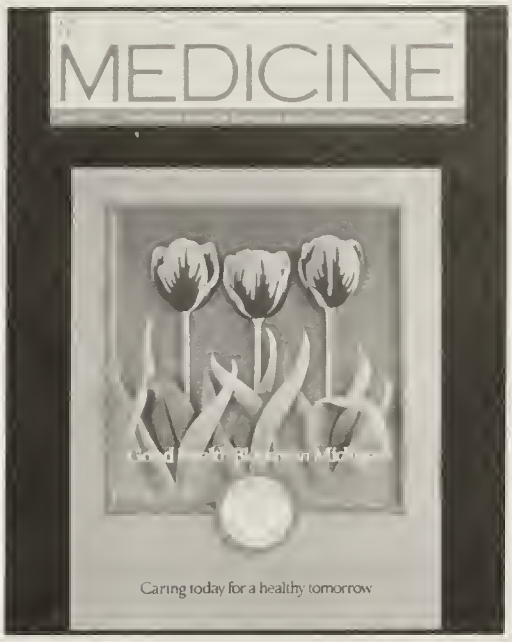
MSMS president pledges devotion to liability solutions
Doctor Gagliardi's inaugural address 455

Trends in medical malpractice and the golden rules
A look at frequent claims — By Samuel M. McMahon, MD 464

Rep. Paul Wartner sees imbalanced tort system
He's vice-chair of the House Insurance Committee — By Carole Eberly 474

Board of Medicine is alive and well in Lansing
Solutions to access problem in the works — By Thomas J. DeKornfeld, MD 484

Confidential MSMS program reaches out to impaired physicians
An interview with director Gerald Vander Voord, MD — By Sheri W. Greenhoe 488



Departments

Letters 437

Physicians in the news 462

MSMS/A 476

New members 478

Meetings 489

Category I courses 491

Classified 494

President's page
What's happened to compassion? — By Carl A. Gagliardi, MD 498

In next month's issue of *Michigan Medicine:* A sesquicentennial look at medicine in Michigan.

Cover photo by Kim Kauffman.

Michigan State Medical Society

President	Carl A. Gagliardi, MD, Dearborn
President-Elect	Frederick W. Bryant, MD, Royal Oak
Secretary	Robert M. Leitch, MD, Battle Creek
Treasurer	Leland E. Holly, II, MD, Muskegon
Speaker	Gerald H. Mandell, MD, Detroit
Vice Speaker	Robert D. Burton, MD, Grand Rapids
Past President	Thomas R. Berglund, MD, Portage
AMA Del. Rep.	Donald K. Crandall, MD, Muskegon

Board of Directors

Chairman	Robert E. Paxton, MD, Fremont
Vice Chairman	Frank B. Walker, MD, Grosse Pte. Farms

District directors

Dist.	
1	Susan Adelman, MD Southfield
	Robert W. Black, MD Detroit
	Henry M. Domzalski, MD Detroit
	Richard P. Horsch, MD Farmington Hills
	W. Peter McCabe, MD Grosse Pte. Woods
	Arthur A. Ulmer, MD Grosse Pte. Shores
	Frank B. Walker, MD Grosse Pte. Farms
2	Thomas C. Payne, MD East Lansing
3	Lionel E. Dorfman, MD Battle Creek
4	B. David Wilson, MD Kalamazoo
5	R. Jack Chase, MD Grand Rapids
	Kornelius Van Goor, MD Grand Rapids
6	Richard L. Rapport, MD Flint
7	Kenneth B. Herrington, MD Bad Axe
8	Jack L. Barry, MD Saginaw
9	John W. Hall, MD Petoskey
10	James L. Fenton, MD Bay City
11	Robert E. Paxton, MD Fremont
12	Carl F. Hammerstrom, MD Marquette
13	Kenneth E. Rowe, MD Hancock
14	Fred E. Patterson, MD Jackson
	Marguerite Shearer, MD Dexter
15	Billy Ben Baumann, MD Pontiac
	Peter A. Duhamel, MD Rochester
	Earl G. Moehn, MD Mt. Clemens

Michigan State Medical Society
Bruce W. Ambrose,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Managing Editor
Sheri W. Greenhoe

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Sheri W. Greenhoe and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Lung Association says thanks

The May issue of *Michigan Medicine* was just routed to me. Of course page 350 is may favorite page! There in full glory is the Camp Michi-MAC drop-in ad and news story.

Thank you very much for letting your member physicians know about Camp Michi-MAC. We feel your support will step up the referral of campers and the recruitment of volunteer staff.

Linda L. Martin
Director of Public Information
American Lung Association of Michigan

Fish advisories well received

The April issue of the *Michigan Medicine* magazine contained our editorial and tear-out pamphlet related to the 1987 Fish Preparation and Consumption Guide. Our center began receiving follow-up calls very soon after the release date, either through the hotline number or directly to me. Approximately 25 follow-up inquiries had been received by May 21, mostly from physicians or hospitals requesting copies of the pamphlet for distribution to patients and for posting in waiting areas and examination rooms as we suggested in the editorial. Many of the requests were for as many as 250 additional copies.

Some physician wanted considerably more detail and an opportunity to become more involved in the advisory program or related aspects.

In summary, I think our expanded efforts of publicizing our fish consumption advisories efforts through outlets such as the MSMS magazine are yielding worthwhile benefits toward improved public awareness and protection.

John L. Hesse,
administrative assistant
Center for Environmental
Health Sciences, Michigan
Department of Public Health

Health policy committee a success

The following letter recently was received by Kevin Kelly, manager, MSMS Department of Government Relations.

I want to extend a personal thank you for your continued participation on the Michigan Health Policy Forum Advisory Committee. The time and energy you devote to this effort is very much appreciated. The series of three forums we conducted this past year were overwhelmingly successful. The success was due to your contributions and those of the other members of the Advisory Committee.

I remain fully convinced of the need to increase and improve the exchange of ideas and information among those responsible for health policy formulation in Michigan. I want to restate my commitment to support the Forum this next year and once again thank you for your continued willingness to serve on the Advisory Committee.

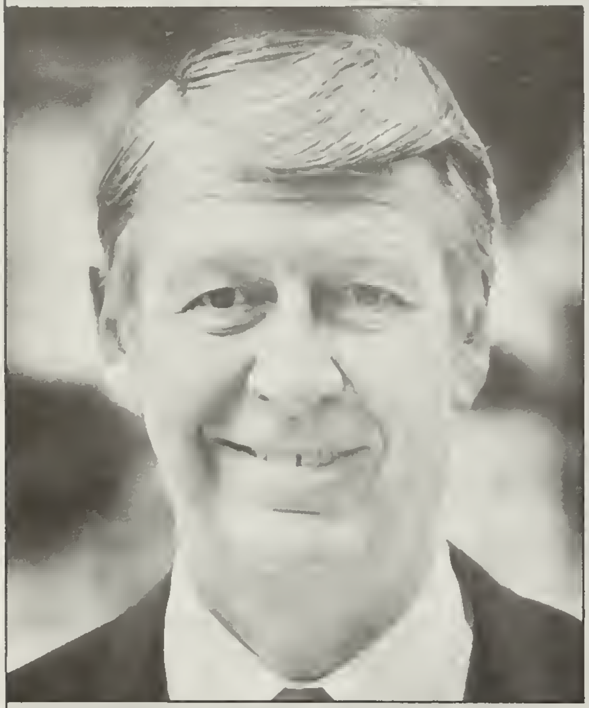
W. Donald Weston, MD
Dean, College of Human Medicine
Michigan State University

Editors' note: Physician participants in the forum were D. Bonta Hiscoe, MD; W. E. Maldonado, MD; Daniel S. Mazzuchi, MD; Marguerite Shearer, MD; Frank B. Walker, MD; Susan E. Adelman, MD; Leland E. Holly, MD; Larry J. Sell, MD; Donald C. Smith, MD; W. Donald Weston, MD, and Jack Ryan, MD.

SPECIAL REPORT

Coordinated MSMS activities get the message across

By Sherry N. Wellman



Doctor Gascoigne

This Special Report details for you objectives and strategies of the 1987 MSMS public/professional relations campaign. Physicians can be proud of the efforts planned and underway to augment public awareness of MSMS; enhance the public's impression of member physicians, and strengthen members' image of their professional association.

Richard H. Gascoigne, MD,
Chairman
Advisory Committee on
Communications and Professional
Relations

In many ways, good public relations is like good art: I can't explain it, but I know it when I see it.

It's not that there aren't schools and manuals devoted to both public relations and art. There certainly are. But you can be graduated from a prestigious PR program or a fine art school, have all the elements necessary for greatness committed to memory and still lack the perspective to be able to create something your client or the public will see and say, "Ah,ha! That's it!"

This article, of course, is supposed to be about good public relations — not about art. But a really good PR campaign can be a work of art. Whether either is deemed "great" is an intensely personal opinion. Your passion for impressionism may bore me to tears; my preference for the McDonald's approach to advertising (emphasize your product, don't demean the opposition) may seem wishy-washy to you. Artists usually have the freedom to follow their own ideas of greatness; PR executives however, have to create greatness, based on the expectations of their clients.

11,000 clients

This brings us to public relations for the Michigan State Medical Society and it's 11,000 "clients" or member physicians.

On behalf of those 11,000 members, activities for MSMS public relations often are expressed through resolutions of the House of Delegates, recommendations of the Board of Directors, officers, committees, task forces and staff. But singular, sporadic "activities" do not make a public relations campaign.

The responsibility of the MSMS Advisory Committee on Communications and Professional Relations and the staff members within the department of Communications and Professional Relations is to mold these separate activities into a larger program with identifiable objectives. It also means anticipating elements of a campaign which will meet members' perceived needs for a good public relations program.

Going back to the art analogy — it's trying to decide whether we want a portrait or a landscape before applying brush to canvas.

Three main activities

"Public relations" is a generic term meaning different things to different people. We at MSMS have attempted to identify more specific definitions for three main activities that comprise the MSMS PR program. (The following definitions come from combined sources and probably are unique to MSMS.)

Public service: *Activities which have a goal of improving the general health and well being of people.*

For MSMS this category includes recent "AIDS Update," "Breast Cancer Treatment Alternatives" and "Illness or Injury Away From Home" brochures. Previous activities include

Ms. Wellman is manager, MSMS department of Communications and Professional Relations.

"Buckle Up," immunization and child abuse prevention campaigns.

These activities have the beneficial side effect of reflecting well on the sponsoring organization and its members (MSMS and member physicians). But it is difficult to measure the results. Does the public think more of MSMS and physicians for sponsoring these activities? Do members of MSMS think more of their professional organization for sponsoring these activities? How much more?

Public relations: *Activities which have a goal of improving the reputation of the organizaton and/or its members.*

For MSMS, this category includes every public contact made by its 11,000 members, its officers and its staff. It means being a credible source of information for the media and the legislature, putting out timely news releases and encouraging physicians to be active in their communities.

Public relations is indeed the hardest activity to design and measure. Risks can be ominous because organized campaigns often appear self-serving.

Perhaps even more of a consideration is the tremendous cost involved in advertising, whether in newspapers and magazines, or on billboards and television. Organizations have gone under financially in pursuit of great public relations campaigns. MSMS currently uses vehicles such as health information newspaper supplements as part of our PR program—they are inexpensive to produce and reach a wide audience.

Professional relations: *Activities which have a goal of enriching pride in one's professional organization.*

This category includes a wide variety of activities at MSMS such as maintaining a strong reputation in legislative and political circles, publishing an award-winning magazine, *Michigan Medicine*, and the widely read *Medigram*, offering competitive membership benefits through MSMS subsidiaries, sponsoring educational conferences designed to meet members' needs and publicizing achievements of members.

During the last year, we've experimented with an "MSMS Video Newsletter" featuring highlights of the Board of Directors' meeting and sent to county medical society leaders. Reactions are positive, especially from the smaller components who have used the video as part of their monthly meetings.

An ideal mix

Ideally, good public service activities plus good public relations activities add up to good professional relations. An example is the relatively new magazine for the public, *MediScene* which member physicians are proud to have in their offices as it combines elements of public service and public relations.

The impact of professional relations is easiest to measure because it is directly reflected in membership in the organization. Michigan physicians who are proud of MSMS activities will join and retain their membership.

Good Health Blooms in Michigan
Caring today for a healthy tomorrow

In all of our efforts, MSMS strives to find better ways to effectively communicate in our over-communicated society.

Other articles in this special report describe specific components of the 1987 MSMS professional relations campaign, including the working communications objectives developed in conjunction with Gray and Kilgore, Inc., our agency of record. If you have ideas for particular public service, public relations or professional relations activities, please let us know. Your suggestions and comments are always appreciated. ☐

On creating a campaign to enhance physicians' image

By Gray & Kilgore, Inc.

As physicians, you probably have treated patients who are less concerned with why they are ill, than with what you can do to instantly make them feel better. As marketing and communications consultants to the Michigan State Medical Society, we at Gray & Kilgore know there are no instant remedies—in medicine or in public perceptions.

In recent years the medical profession has come under intense public scrutiny. Many times public opinion has been formed from one-sided and incomplete media coverage. To counteract this trend it is imperative that issues—such as product and service liability and health care alternatives — be fully addressed and aired; that negative publicity is responded to with honesty and positive solutions; and that the public, as well as other health professionals, be made fully aware of the enormous strides being made in medicine—in Michigan—by physicians who really *do* care.

Understanding the "whys" of public opinion and responding with sound, positive marketing and public relations programs is what Gray & Kilgore, in conjunction with the Committee on Communications and Professional Relations (CCPR) and staff of the Michigan State Medical Society, plan to accomplish through the 1987 MSMS professional relations campaign.

Several marketing objectives have been delineated:

- To communicate to the general public the achievements and professional attributes of Michigan physicians.
- To promote public and professional awareness of MSMS.
- To strengthen communication among member physicians of the activities and concerns of MSMS.

Awareness

To achieve these goals, initial steps have been implemented to increase public and professional awareness of what the Michigan State Medical Society is and what it stands for:

- A simplified, restyled MSMS seal/logo provides greater readability and instant recognition of your professional affiliation. The new tagline, "Caring today for a healthy tomorrow," emphasizes the continuing dedication and concern of member physicians.
- The first two in a series of attractive posters have been produced for free distribution among members. Designed as artwork worthy of an office or waiting room wall, the posters identify you as an MSMS member and introduce the "caring" theme to patients. The visual images were chosen to promote good health within the context of Michigan's unique characteristics. The first poster announces "Good Health Blooms In Michigan," and features tulips inspired by the Holland, Michigan area. The second of the series will feature a photo of a Michigan apple with the caption "An apple a day is only the beginning." Both posters prominently display the MSMS seal and tagline, "Caring today for a healthy tomorrow."
- Individual ads have been developed to promote *MediScene* subscriptions to both the public and MSMS members.
- An ad promoting MSMS individualized patient newsletters has been developed. These personalized mailings are available to member physicians for free distribution in waiting rooms or via mail.

In addition, Gray & Kilgore is working closely with the MSMS staff and the CCPR on other projects, including:

- Preparation of MSMS health care supplements to newspapers throughout Michigan.
- Publication of a new brochure, "Starting a medical practice in Michigan."

We at Gray & Kilgore are proud of our association with the Michigan State Medical Society. With more than fifty years of advertising experience in Michigan, we offer our clients several distinct advantages: Considered a "medium-sized" agency, we work closely with clients to provide personal service, special attention, timely responsiveness and "first-string" creative product. As a subsidiary of Ross Roy, Inc., a national agency headquartered in Detroit, we have access to advantageous media scheduling and buying clout, as

Gray & Kilgore is a Troy advertising agency employed by MSMS to design and execute the 1987 MSMS professional relations campaign.

well as extensive research and public relations capabilities. Plus, we offer the back-up and support, should it be needed, of more than 1,000 employees in offices in Detroit, Chicago, Cleveland, Toronto, Windsor and Troy.

As an "outside observer," Gray & Kilgore brings perspective to MSMS marketing objectives. Often those closest to their business overlook important details in communicating information. What you may consider to be obvious may not be clear to your audience. Combining MSMS objectives with our research and expertise in consumer response results in a clear, defined approach to attaining MSMS communication goals.

What works

As experienced communicators, we know what works and how best to reach MSMS' target audience. In addition to first quality creative, we offer the expertise of trained professionals—photographers, artists, writers, typesetters, production studios and others. By overseeing the entire production process, we guarantee the initial creative concept will be successfully executed and delivered on a timely basis.

All of us at Gray & Kilgore look forward to continuing our association with the Michigan State Medical Society and to informing the public of the genuine concern and high quality of medical care practiced by Michigan physicians. ☐

Good Health Blooms in Michigan
MICHIGAN STATE MEDICAL SOCIETY
Caring today for a healthy tomorrow

To order your free poster: Contact Joyce Crum, Department of Communications and Professional Relations, MSMS, PO Box 950, East Lansing, MI 48826-0950.

Physicians rated top communicators in statewide survey

By Jack Casey

Physicians are perceived as the most effective communicators—more effective than the news media or politicians, according to *Michigan '87*, a statewide survey of Michigan residents by Casey Communications Management, Inc. (CCM).

Following physicians in the survey rating were news media, the individuals' immediate supervisors, consumer advocates like Ralph Nader and religious leaders. Politicians were considered the least effective. Physicians received higher ratings in Oakland and Macomb counties (83 percent in each), compared with 71 percent in Wayne county and 72 percent in outstate areas.

Based on our experience as communication analysts, we know that credibility is a factor in evaluating effectiveness and we have found that people believe their physicians. People have a natural tendency to equate how well others communicate with how convincing their messages are.

Public perception of physicians as effective communicators extends beyond their professional duties to community involvement as well. Physicians are often called on to serve in leadership roles in community activities.

"We have to be good communicators in order to be effective in our jobs," said Robert Burton, MD, of Grand Rapids. Doctor Burton has served as the chairperson of the Michigan Coalition for Safety Belt Use since the coalition's inception.

"I'd like to examine your suit, also . . . it's very nice."

"Good communication is essential in conducting a good medical practice," explained Doctor Burton. "We need to use our communications skills to contribute to the community beyond patient relations."

As a physician, Doctor Burton has been able to lend his professional expertise in promoting the safety belt use issue in Michigan. But more important, through his work in life and death situations, Doctor Burton has been able to communicate in human terms the value of safety belt use to Michigan residents.

"As communicators, physicians have an advantage over many other professionals by virtue of their specialized knowledge and their role in maintaining the well-being of others," said Dave White, vice president of CCM. Mr. White administers the firm's communication training program which instructs professionals in effective public speaking and media interview techniques.

"Physicians really should use their advantage as communicators to foster a better understanding of the important issues that affect their patients and communities, especially where public service and health is involved," Mr. White said.

Other *Michigan '87* survey results revealed physicians may need to use their communications skills to explain the costs of health care to a critical public.

Although the majority of residents surveyed thought health care in the state is good to excellent, most also believe the cost of health care in Michigan is too high. The majority of those surveyed blamed physicians and insurance companies as being primarily responsible for high health care costs.

When asked to name the institutions or individuals Michigan residents believed were responsible for the high cost of health care in the state, 34 percent named doctors and 33 percent name insurance companies. Society and patients were rated a distant third followed closely by hospitals and attorneys.

"Residents feel good about the quality of health care in the state, but hold the health care industry accountable for the costs," said

Mr. Casey is president of Casey Communications Management, Inc. which conducted and released the copyrighted *Michigan '87* survey.

Janet Weiss, CCM director of research services. The survey was conducted under her supervision. The random-sample telephone interviewing of 500 Michigan residents earlier this year and the tabulation of results were conducted for *Michigan '87* by Nordhaus Research, Inc., of Southfield.

"Health care in Michigan is very good, but we always need to strive for even better care," said Linda Logsdon, MD, a Franklin-based psychiatrist and member of the American Psychiatric Association Board of Trustees.

"Health care is also expensive. However, the reasons for its high cost are more complex than simply blaming it on one or two groups," she said. "There is a new sophistication among patients and that is something that has to be looked at."

"Doctor says you can go in as soon as the News people get here and let me be the first to congratulate you."

Doctor Logsdon explained that such sophistication means patients demand a great deal from health care and this drives up the costs. Organ transplants and extraordinary measures taken to keep patients alive through extremely traumatic illnesses are among the complex advances which have contributed to the cost of modern medicine, she said.

Doctor Logsdon added that patients can practice preventive health care and help reduce their individual health care costs. For example, she said, not smoking, wearing safety belts and maintaining healthy diets are among the measures that can be taken. She advocates more public education on the benefits of these measures, so that individuals will be encouraged to assume more responsibility for their own health.

Michigan '87 also found that two-thirds of Michigan residents believe drug use among employees in some or all industries is a major problem. Respondents were asked to rank a list of industries or professions as candidates for mandatory drug testing. Health care professionals ranked fourth behind airline pilots, paid drivers and police officers.

"It is interesting that while the respondents felt physicians are effective communicators, they included medical professionals as likely candidates for drug testing," said Ms. Weiss. "Credibility as a communicator doesn't necessarily release doctors from drug testing in the public's mind because they deal in life and death situations."

"I've decided to try a new doctor...the magazines in your waiting room are outdated and I don't like your choice of background music!"

As communicators, physicians can use their public confidence to state messages effectively, clarify complex issues and defuse criticism of their profession. They also can use their skills to persuade their communities to constructively address public service and health issues. ☐

Would you want to be your doctor?

By Jack E. McCleary, MD

Reprinted with permission from the April 20 issue of the *LACMA Physician,* bulletin of the Los Angeles County Medical Society.

Just a few weeks ago, my wife Marian and I were enjoying lunch at one of our favorite restaurants when the owner approached our table. His face was stern and he was obviously upset.

"If I ran my restaurant the way you doctors run your offices," he said, "I'd go broke in a month."

He vehemently and willingly told his story. He had been left undressed in a small examining room in his physician's office for an hour. No one entered the room to talk to him, to explain the delay, to tell him how much longer his wait might be. No one came in to offer him a cup of coffee. For that hour he was in solitary confinement. Very solitary.

After the hour had passed, he dressed, walked to the front office, paid his account in full and told the receptionist he would never return to that office again.

In talking to large groups around the country, and listening to what various individuals have had to say about their doctors, I hear many complaints about how the patient is received in the physician's office. Sad to say, the lack of common courtesy seems to head the list.

Few patients, especially senior citizens, like to be addressed by their first names by receptionists still in or shortly out of their teens. It happened to me not so long ago. I bristled.

As I think about unwitting faux pas such as these, I am forced to wonder how they affect the doctor's practice, especially in the instances of those colleagues who are not as busy as they'd like to be. I ask: Could my disenchanted restaurateur have been one of their former patients?

All of which moves me to share some thoughts I have heard over the years at various seminars on marketing; yes, marketing. Some of the stuff was good medicine.

In the instance of a really excessive delay, have you ever discounted the bill to compensate the patient for lost time?

Medical marketing has been defined in many ways, but the definition I like best is this: "Marketing is finding out what your patients want and giving them more of it. And it is finding out what they don't want and giving them less."

One thing several surveys show is that my restaurateur represents our patients' most common grievance: Waiting for you.

Do you really know how long your patients wait for you on the average? If the waiting time is excessive, do you faithfully explain the delay?

In the instance of a really excessive delay, have you ever discounted the bill to compensate the patient for lost time? I know at least one doctor who reduced his charge by 20 percent.

How convenient is parking for your patients? And how expensive is it? Do you validate? Should you? Or what about paying for parking after the first hour?

Imagine the hostility that can be generated as a patient stews in your reception room for a half hour or more while paying 70¢ or even a dollar for every 20 minutes of parking.

What about the ambience of your reception room? Is it bright and cheerful and comfortable? Is the lighting ample for reading? Was the reading material carefully selected with the interests of your patients in mind?

Is your reception room beginning to be worn at the edges? Is it possible the whole place could stand being done over?

Do you use that magic instrument known as the telephone to your best advantage? For example, have you tried phoning former patients to find out how they are, where they are getting their care? It could well be that they don't have a doctor and do have a medical problem and because of your call and your concern they just might ask for an appointment.

Does a member of your staff

Doctor McCleary is LACMA president.

call your patients and remind them of their upcoming appointments? And in so doing ask how they are feeling?

Do you block out an hour or two to phone selected patients just to ask how they are feeling, how the medication you prescribed is working, is the swelling going down, ditto the fever, etc. My dentist phoned me once, and I couldn't understand why, so I asked him, "Why are you calling?" When he explained that he just wanted to know how the tooth felt, I was flabbergasted. And grateful. I assure you that dentist is still my dentist.

Are your office hours determined by what is most convenient for you or for your patients? Should you think about adjusting your schedule — possibly opening earlier on certain days, remaining open later on certain days, staying open on an evening or two? What about Saturday mornings?

There are loads of small efforts which might achieve major benefits in good will. In the interest of togetherness have you thought of a very personalized newsletter you can send to your patients periodically? Can you see yourself being more active in community affairs so the folks out there recognize you as an involved and concerned and impressive individual who is also a physician? Do you accept speaking engagements before civic and social and service groups? Do you belong to and attend meetings of Rotary and other civic clubs? Are you a team physician, volunteering to be on the sidelines during a high school football game, ready to take care of the kids who get hurt? Do you "work the territory" visiting the pharmacists in your area, visiting the health clubs and participating in health fairs?

Imagine the hostility that can be generated as a patient stews in your reception room while paying a dollar for every 20 minutes of parking.

Do you send birthday cards to your patients, fresh cut flowers to new mothers, use winsome bill stuffers to engender good will?

Do you cheerfully call the pharmacy and authorize the refill of a prescription when you think it is clinically okay?

Do you or a member of your staff phone no shows and let them know they were missed?

Do you promptly phone patients and tell them the results of a test, particularly if the result is negative?

Is your office answering service a specialist in outraging, humiliating and insulting your patients?

I've never met a collection service person with a heart of gold, but still I think it is important to know how mean they appear to your patients.

Do you phone and thank a patient for referring a friend to you? Might be worthwhile. Twenty-five percent of the average physicians' practice comes from referrals by other patients.

I know one doctor whose practice is as busy as can be. He attributes that happy circumstance to his personal relationships with his patients. "There are three things the patient wants to know," he says. "First, what the problem is (and he emphasizes the need to explain what it is in language the patient can well understand). Secondly, the patient wants to know the implications of the problem, what the future holds. Thirdly, the patient wants to know what can be done about the problem."

Do you ever take time out for some deep and heavy introspection, to indulge in some forthright and sincere evaluation? Ask yourself, "If I were a patient looking for a doctor, would I go to and be inclined to stay with a physician like me?"

These are indeed rough and tough times. Demanding and trying times, tough on our nerves, on our patience, on our psyche. But for all of the obvious reasons, I ask each physician out there to be a little nicer, to see to it that his patients wait shorter periods of time and help reduce the complaints of "lack of courtesy."☐

MSMS sets voluntary advertising code

OFFICE HOURS 9 TO 5
GOOD OLD COUNTRY DOCTOR
ENGLEMAN

"They're starting to line up...the sign is working!"

(Adopted by the Judicial Commission, Michigan State Medical Society, September 15, 1982.)

The Judicial Commission of the Michigan State Medical Society recognizes that the U.S. Supreme Court rulings and the written opinion of the Michigan Attorney General make it permissible for physicians to advertise the availability of their services, so long as the advertisements do not contain false, misleading, or deceptive material.

Because of these rulings the Judicial Commission offers the following information with the intention of providing guidelines for members of the Michigan State Medical Society who choose to advertise. The use of these guidelines is entirely voluntary on the part of any individual physician.

It is appropriate to advertise the availability of physicians' services in the public media, at the location where such professional services are rendered, or by the issuance of business or appointment cards.

Public media include any commercial publications or other means of communication with the public, including newspapers, magazines, telephone directories, radio, television, or other advertising.

When using electronic media, remember the impressions perceived are often fleeting and misinterpreted. Thus it is suggested and recommended that this type of advertising should be pre-recorded and approved by the practitioner. A recording of the actual transmission should be retained by the practitioner.

Advertisements are expected to be in good taste. If physicians have any concern as to propriety of a proposed advertisement, they are urged to consult with the appropriate officers and committees of their local medical society.

It is recommended that professional advertising provide:

- General information such as name, title, home and office address, telephone numbers, answering service, office hours and changes in office hours, absence from or return to practice, and additions or deletions from professional license staff.
- Professional information such as degrees earned, board certification, areas of specialization, limitation of professional practice, type of practice, professional affiliation, hospital affiliation, and foreign language competence.
- Fee information such as usual and customary fees for routine professional services, notification that fees may be adjusted due to complications or unforeseen circumstances, and what third party payers are recognized.

It is considered inappropriate for a physician to engage in advertising relating to:

- Testimonials and/or anecdotal reports of successes by the practitioner, or claims of superior quality of care to entice the public.
- Fee comparisons with other practitioners licensed under the medical practice act.

Physicians should not engage in:

- Advertising professional services which the practitioner is not licensed to perform.
- Advertising which contains false, fraudulent, deceptive, or misleading material, warranties or guarantees of success. ☐

MDs: Treat your patients and their naivete

By Cynthia Montgomery

This editorial originally appeared in the *Health Care Weekly Review.*

Their status in the last 10 years has changed more than any other profession in the health care field. Where once they held an exalted position (perhaps on a perch higher than they rightfully deserved) they now cry out defensively while tumbling from that spot — into the courts, into the lives of their confused, unsatisfied patients who claim incompetence and into the swirling cataclysm that is the changing health care industry.

The world is no longer your oyster, doctors.

And as you are watching over your shoulder, ordering extensive testing to cover all the bases and signing your Marcus Welby on that check to your professional liability company remember — you are at least partly to blame for what is happening to your numbers.

The AMA Special Task Force on Liability Action Plan, among other actions, expressed the need for launching an educational campaign — and believe it or not, this part of the plan is the nucleus, the fundamental unit which will expedite a healthy turnaround of the malpractice crisis and ultimately the suffering image of the physician.

We live in an age of miracles, and that can be good or bad depending on who you are and what side of the health care fence you're on.

From the patient's point of view, the medical field is infinitely resourceful, with a cure at every turn.

From the patient's point of view, the medical field is infinitely resourceful, with a cure at every turn. Every day the media are fraught with news about the latest technological advances in research, equipment and techniques, which can save more lives and present far more risks, such as transplants and bypass surgery.

But, doctors, you missed the proverbial boat by patting yourselves on the back and taking in all the praise — and especially by not admitting that despite all these apparent medical miracles, that medicine is still not an exact science and that the body processes are so complicated, that even you, the physicians, cannot predict every outcome.

You cannot continue to blame a naive public who wants to believe so desperately. The placebo effect of this kind of thinking can work in both the patient and the doctor's behalf, succeeding to aid in the patient's recovery — but at the same time it can also serve to catapult you into court on a maloccurrence case that charges you with malpractice.

But this aura of infallibility surrounding physicians, which has been dissipating so rapidly, is further complicated by the now defensive posturing of physicians who are afraid to discuss cases with patients, to diagnose incorrectly or to reveal every facet of a complicated case — one that he is afraid, or just won't admit, confuses him.

If patients knew more of the limitations of medical science, their expectations would be lessened and in turn they would be more flexible in their responses when the outcome proves negative. This shroud of secrecy only complicates matters further when one considers the widespread cost-containment measures that are hitting health care, offering incentives to save money through physicians cutting back on testing and procedures.

A campaign *will* help. The AMA in a report recommended that an "intensive information campaign be conducted to improve public understanding and stress the need for legislative, judicial and other actions."

Continued on next page

Ms. Montgomery is associate editor of the *Health Care Weekly Review.*

NAIVETE/Continued

Another recommendation by the AMA stated "arm state, local and specialty societies with information to carry the professional liability message to the public" and "publish a pamphlet for individual patients to explain how the liability issue affects their care. . . etc., etc. . . ."

Whatever means the AMA and physicians' groups take to counter the problem of physician liability, I feel nothing will be more effective than establishing a bridge to the information gap which divides the patient and doctor. And it should take place where the problem probably started — in the office.

Patient/physician interaction which only results in a cursory grunt in answer to the patient's questions, or perhaps a nod or, a few hmms and the issuance of a prescription or two, should stop short and realize its folly.

The physician-patient relationship, if based on mutual respect and propriety, should achieve the maximum communication essential for establishing a workable, viable, flexible standard of interactions.

The minutes you lose in honestly discussing a patient's case with him, answering his questions and anticipating possible adversarial outcomes and relating these to him, will be made up in less time spent defending yourself in the legal arena. It is only common sense to think that a patient would be less willing to impose civil action against a physician whom he trusts to have given him competent, honest and conscientious treatment. ☐

A WORD TO THE WHYS

WHY AMA? While the AMA endorses competition in health care delivery that eliminates excess cost without compromising quality, the AMA actively opposes any legislative initiatives that would reduce quality of medical services. AMA leadership in making high quality, cost effective health care available to the American public: it's one more good reason why you should be a part of the AMA.

WHY AMA? Thanks to the Patient Medication Instruction program newly launched by the AMA, you can provide your patients with important supplementary drug information. Each patient information sheet (PMI) conveys information most relevant to the patient in easy-to-understand language. Helping your patients toward a better understanding of the drugs you prescribe: it's one more good reason why you should be a part of the AMA.

To Join, Contact your county or state medical society or write: Division of Membership, AMA, 535 North Dearborn Street, Chicago, Illinois 60610 or call collect, (312) 751-6196.

AMA
AMERICAN MEDICAL ASSOCIATION

TAKE THE HEADACHE OUT OF YOUR PRACTICE!

℞ MICHIGAN HEALTH BILLING & COLLECTION SERVICE

We are a company dealing exclusively with physician's billing and collection.

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING &
COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

The Michigan State Medical Society Speakers Bureau

The Michigan State Medical Society AIDS Speakers Bureau is offering education programs on AIDS health care issues—at no cost—to health professionals throughout Michigan. Education programs are presented speakers who are experts in infectious disease and infection control.

Speakers are available to address a variety of issues, including:

- Origins of AIDS
- Epidemiology
- Ethical/Legal Concerns
- Psychosocial Aspects of AIDS
- Transmission of the AIDS virus
- AIDS testing

Contact Rose B. Heald, Michigan State Medical Society, 517/337-1351, to arrange for a presentation at your next scientific session, works or annual convention.

Michigan State Medical Society
120 W. Saginaw St.
P.O. Box 950
East Lansing, MI 48826-0950

This program is funded by a grant from Michigan Department of Public Health

To show you how many
hypertensives stayed on
INDERAL® LA
(PROPRANOLOL HCl)
after a major nationwide trial...

...we had
to find
just the
right room.

60,073 patients (90%) who started on INDERAL LA stayed on INDERAL LA.[1]*

Surprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.

A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol — which shows how well-tolerated once-daily INDERAL LA can be.

Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY
INDERAL® LA
(PROPRANOLOL HCl) LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...
NEW LOW DOSE
INDERAL LA 60 mg
(PROPRANOLOL HCl) LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking bette

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg 80 mg 120 mg and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL, the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings however such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension, it may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis especially for treatment of exertional or other stress-induced angina, palpitations, and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

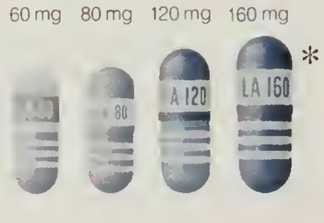
CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock 2) sinus bradycardia and greater than first-degree block 3) bronchial asthma 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES



WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually if possible)

> IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case, this resulted after an initial dose of 5 mg propranolol

PRECAUTIONS. GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lea return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe disease, elevated serum transaminase alkaline phosphatase lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as pine should be closely observed if INDERAL is administered The added catecholar blocking action may produce an excessive reduction of resting sympathetic nervous ac which may result in hypotension, marked bradycardia vertigo, syncopal attacks, or orthos hypotension

Caution should be exercised when patients receiving a beta blocker are administer calcium-channel-blocking drug, especially intravenous verapamil, for both agents ma press myocardial contractility or atrioventricular conduction On rare occasions, the conc tant intravenous use of a beta blocker and verapamil has resulted in serious adverse react especially in patients with severe cardiomyopathy congestive heart failure or recent my dial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased pla levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomit with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studie animals have been conducted to evaluate toxic effects and carcinogenic potential In month studies in both rats and mice, employing doses up to 150 mg/kg/day, there wa evidence of significant drug-induced toxicity There were no drug-related tumorigenic eff at any of the dosage levels Reproductive studies in animals did not show any impairme fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotox animal studies at doses about 10 times greater than the maximum recommended human d

There are no adequate and well-controlled studies in pregnant women INDERAL shoul used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exerc when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have ra required the withdrawal of therapy

Cardiovascular Bradycardia congestive heart failure, intensification of AV block, hypot sion, paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of Raynaud type

Central Nervous System Light-headedness, mental depression manifested by insom lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, vis disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized disorientation for time and place, short-te memory loss emotional lability, sligh clouded sensorium, and decreased per mance on neuropsychometrics For immed formulations, fatigue, lethargy and v dreams appear dose related

Gastrointestinal Nausea, vomiting, epig tric distress, abdominal cramping, diarrh constipation, mesenteric arterial thrombo ischemic colitis

Allergic Pharyngitis and agranulocyto erythematous rash, fever combined with a ing and sore throat, laryngospasm and resp tory distress

Respiratory Bronchospasm.

Hematologic Agranulocytosis, nonthrombocytopenic purpura thrombocytopenic purpu

Auto-Immune In extremely rare instances, systemic lupus erythematosus has be reported

Miscellaneous Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impoten and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involv the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have been associated with propranolol

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride i sustained-release capsule for administration once daily If patients are switched from INDER Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeu effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute INDERAL INDERAL LA has different kinetics and produces lower blood levels Retitration m be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval

HYPERTENSION—*Dosage must be individualized* The usual initial dosage is 80 INDERAL LA once daily, whether used alone or added to a diuretic The dosage may increased to 120 mg once daily or higher until adequate blood-pressure control is achieve The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 6 mg may be required The time needed for full hypertensive response to a given dosage variable and may range from a few days to several weeks

ANGINA PECTORIS—*Dosage must be individualized* Starting with 80 mg INDERAL once daily, dosage should be gradually increased at three- to seven-day intervals until optim response is obtained Although individual patients may respond at any dosage level, t average optimal dosage appears to be 160 mg once daily In angina pectoris, the value a safety of dosage exceeding 320 mg per day have not been established

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (s WARNINGS)

MIGRAINE—*Dosage must be individualized* The initial oral dose is 80 mg INDERAL once daily The usual effective dose range is 160-240 mg once daily The dosage may increased gradually to achieve optimal migraine prophylaxis. If a satisfactory response is n obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy shou be discontinued It may be advisable to withdraw the drug gradually over a period of sever weeks

HYPERTROPHIC SUBAORTIC STENOSIS—80-160 mg INDERAL LA once daily

PEDIATRIC DOSAGE—At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

---

REFERENCES:

1. INDERAL LA National Compliance Evaluation Program Data on file, Ayerst Laboratories
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenol atenolol, and metoprolol given once daily *Arch Intern Med* 1985, 145 1321-1323

R 7119/587

Ayerst

AYERST LABORATORIES
New York, NY 10017

© 1987 Ayerst Laboratorie

MSMS president pledges devotion to liability solutions

MSMS
MANDELL

The following is the inaugural address of Carl A. Gagliardi, MD, MSMS president, given April 25 during the House of Delegates meeting.

Mr. Speaker, officers, delegates, alternates, MSMS staff and guests:

In this sesquicentennial celebration year for Michigan, it is a tremendous honor to have been elected the 122nd president of the Michigan State Medical Society, and I accept it with mixed emotions. I feel joy, and I feel humility.

During the past fifteen years we have seen medical technology grow at an astounding pace. This growth has touched all fields of medicine. Life expectancy in the United States has now reached 79 years for women and 72 years for men. Obstetrical care is better than ever, and newborn babies weighing hardly more than a pound are sometimes able to be salvaged. We've seen advances in orthopaedics, ophthalmology, cardiology, urology, internal medicine, imaging techniques, immunology, transplant surgery and on and on.

Who could ever have dreamed that it would be possible to remove gall stones and kidney stones without invading the body cavity? Who would ever have guessed that in 1987 we would be clamoring for tissues and organs for transplantation and how great the success rate would be? Surgical procedures that once required expensive in-patient care are being done safely and with increasing frequency in same-day outpatient facilities.

What a pity that we cannot truly enjoy these tremendous accomplishments and unprecedented advances. By all rights this should be the Golden Age of Medicine, but these are not normal times. Instead, medicine is under attack by a powerful segment of the legal profession. It is small solace to know that we are not the only targets. Every product, every service, every business relationship is affected.

The legal services component of the gross national product has reached the incredible level of $30 billion. Everyone now sues anyone over anything, to the tune of 10 million civil cases annually. It may make you feel better to learn that while medical malpractice suits have risen only 362 percent during the past 10 years, product liability cases have increased 758 percent, but I doubt it.

An explosion

The lawyers would have us believe that the crisis is due to bad doctors, bad products and greedy insurance companies. Absolutely false! This crisis did not arise because of more malpractice. It came about because of an explosion of litigation followed by extravagant awards. The truth is there are too many lawyers, and they have found the proverbial

Continued on next page

GAGLIARDI/Continued

goose that lays golden eggs. They know it, and they will resist any change in the system that curtails their ability to gather the eggs.

Chief Justice Warren Burger, speaking about tort liability recently said, “The system is too costly, too painful, too destructive, too inefficient for a civilized society.” I say, “Amen” to that. Any system that allows 25 to 35 percent of all physicians to be served with a lawsuit each and every year, a system that allows 65 to 70 percent of all the dollars available for settling claims to be consumed by court costs, legal fees and contingency fees, and leaves a mere 30 to 35 percent for the plaintiffs— that system is immoral and bankrupt. There must be something substantively and morally wrong with any system which devotes more resources to its internal costs than to the basic purpose for which it came into existence.

Some would have us believe that there is no malpractice liability crisis, that there is merely an acturial and investment glitch in the insurance industry. Some glitch! Michigan physicians recognize a crisis when they see one, and believe me, they see one. There is a black cloud of despair which envelopes our profession. Not only is there a crisis in the basic cost of insurance coverage, but availability has reached crisis proportions as well. Since our rally on the Capitol steps in October, 1985, barely 18 months ago, insurance rates for basic coverage have increased 100 percent. That’s right, 100 percent! Today an orthopaedic surgeon is charged $82,000 for $200,000 of coverage. Similarly, an OB-GYN specialist’s premium is $70,000 for the same $200,000 of coverage. Insurance is not available if you can’t afford it. No wonder physicians are changing the way they practice, retiring early, moving out of state or “going bare.”

Michigan physicians recognize a crisis when they see one, and believe me, they see one.

We would really prefer to put all this malpractice controversy behind us and be able to concentrate on the larger mission for which we entered this noble profession—advancing medicine, improving health in the community and bettering the quality of life in our state.

A challenge

I personally have a challenge that I would like to throw out to our legislators, and it concerns infant mortality rates in Michigan. The statistics for some areas of the state are a disgrace of the greatest magnitude, and this problem needs urgent attention. Many proposals have been and are being offered to remedy the situation. However, the suggestion I propose has never been tried, and yet I believe it offers the best chance for the most improvement in the shortest time.

Specifically, I would like to remove medical liability risk from high risk obstetrics. I firmly believe the obstetricians, pediatricians and family practitioners would rise to the task. If the state would be willing to fund a no-fault approach, we would do our share and eagerly take care of all patients especially those *most* in need of care, the Medicaid patients.

No factor would reduce morbidity and mortality more effectively than to get pregnant women into early and continuing prenatal care. This proposal would not only save the state money, it would also save lives and heartache. I challenge the state to pick an area and test this proposal. I *know* physicians would respond. We just might learn a lesson that could be applied across the board to all fields of medicine. If we could change this outrageous system we are presently burdened with, society would be the winner. Ultimately the public pays the $1.75 billion in insurance premiums and the

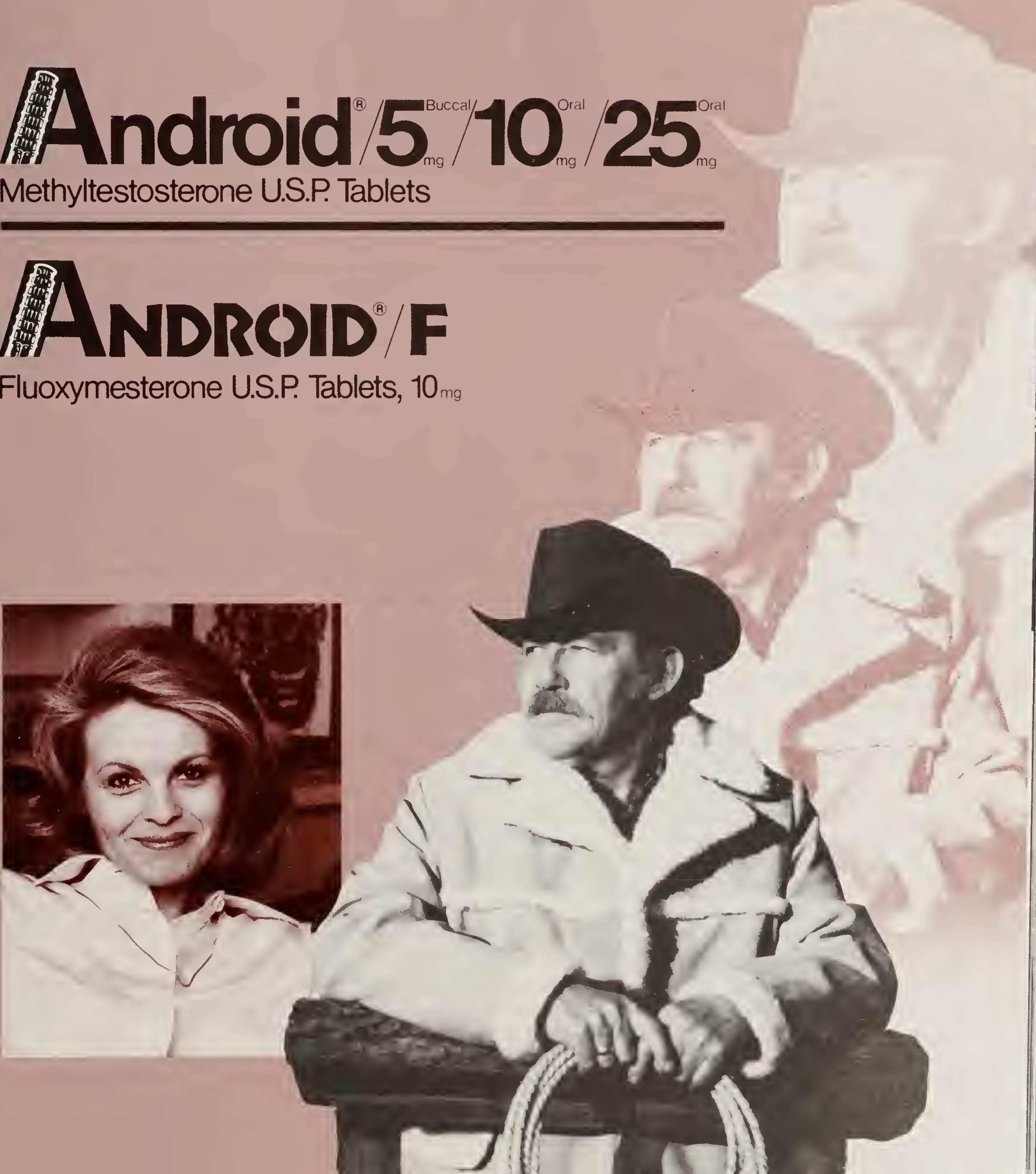
Continued on page 458

BROWN THE BROWN PHARMACEUTICAL CO., INC.
2500 West Sixth Street, Los Angeles, CA 90057

For Full Prescribing Information, Please See PDR. REFER TO PDR

Android®/5 mg Buccal/10 mg Oral/25 mg Oral
Methyltestosterone U.S.P. Tablets

ANDROID®/F
Fluoxymesterone U.S.P. Tablets, 10 mg



GAGLIARDI/Continued

approximately $40 billion for tests and procedures ordered mainly for legal precautionary reasons. Surely, this money could be better spent otherwise.

In our governmental system problems can be addressed either nationally or on a state-by-state basis. Up to the present there has been no national solution. In Michigan, we have tried to forge a statewide solution. For the past three years your Michigan State Medical Society has listened to your pleas and tried very hard to represent you in seeking legislative relief. We have made some headway, but not nearly enough. We still have a long way to go and we will not be content until our liability coverage is both affordable and available. Additionally, we need to see the rates for liability coverage reduced. Last but certainly not least, we need to be plagued by fewer frivolous lawsuits.

Related efforts

At this juncture, I should mention two related efforts—the Health Policy Agenda (HPA) for the American People and the Fleming Reports.

The HPA is a coalition of 425 representatives from 172 separate interest groups comprising health and health related groups, business, government and consumer groups. One hundred ninety-five specific recommendations were formulated in the areas of 1) availability and education of professionals; 2) technology and facilities; 3) organization; 4) communications; 5) ensuring quality; 6) payment for services, and 7) research. As might be expected from such a diverse group, there was no unanimity. However, there was agreement on broad areas of improvement, and representatives have been designated to facilitate implementation. One of the ideas was to name a few states to test various alternatives to the present tort system. Our medical society has applied to be designated as one of the states. Should we be approved, this status will help us remain in the forefront of health policy improvement, including liability issues.

Governor James Blanchard's special factfinder on malpractice and insurance was Robben Fleming, PhD, former president of the University of Michigan. We respected his integrity, but had doubts about another lawyer looking at this problem. When he issued his preliminary report in December, 1985, we still wondered if he had grasped the magnitude of the crisis. At that time he appeared to believe that there were few frivolous suits and that the system could accommodate them. His findings were much discussed during the legislative ferment of 1986. In December he filed a "concluding report" on this particular subject. However, this more recent report has been essentially unreported by the news media. The medical society feels his efforts need to be publicized, and we plan to do just that.

I believe we had some impact of helping Professor Fleming see the picture as it really is. His concluding report acknowledged that:

- Malpractice has edged into "maloccurrence" with awards being made when there is neither intent nor negligence.
- If society has chosen to compensate all injured individuals, funding cannot be provided exclusively by doctors and hospitals.
- The 1986 legislation will not reduce liability insurance rates.
- Reform of the tort system will not solve the problem.
- Alternative solutions to the tort system must be explored, and the Governor should appoint a task force now to develop these alternative methods before the crisis becomes even more serious.

If the Fleming mission did not arrive successfully at its destination, at least it was, at the end, on the right track. He raised the innovative notion of a model for malpractice that is not driven by fixing blame. There may be skepticism at such an unorthodox suggestion, but personally, I support the idea. Upon reflection, research and study, we may find there is merit in pursuing this direction.

There is need for immediate action, and we are formulating

Continued on page 460

III

DIMENSION III
IT'S A HEALTH PLAN. IT COSTS LESS.
BEST OF ALL, IT'S BLUE.

Let's face it. Being in the medical profession means you're in business. And with today's rising costs, anything you can do to lower operating costs is a prudent move.

Here's where Dimension III comes in. With this plan, you and your employees are covered for:

Hospital care. Surgery. Maternity care. Outpatient care. And Psychiatric care.

Yet, because of the way the plan has been designed, you pay less for your premium.

Here's how it works. Each subscriber shares in the cost of covered services. $1,500 for doctors, $3,000 for family plan. $250 for employees, $500 for family plan. Once the deductible is met, Dimension III pays 80% of covered services, the subscriber 20% in copayments. For private duty nursing and mental health care, 50% is required.

After $1,000 has been paid in copayments, Dimension III pays 100% of costs up to one million dollars.

Check into Dimension III today. After all, business is business. And for business, Blue is better. For enrollment and information call 1-800-942-4141.

Blue Cross
Blue Shield
of Michigan

Blue is better.

GAGLIARDI/Continued

goals to close some gaping loopholes and fulfill the promise of last year's beginnings. Our Phase II calls for the following changes:

- A true cap on non-economic awards, without the crippling exceptions.
- A compressed statute of limitations for children which does not hold physicians hostage for 10-20-30 years.
- Allow defendants to countersue and recover on frivolous charges, either from plaintiffs and/or their attorneys.

Legislation to address these changes presently is being introduced.

Additionally, we plan to propose legislation that will enable health plans to include arbitration as a means of settling disputes. It is not our desire to prevent redress on the part of the injured patient, but it is our hope that this would reduce the cost of *helping* the injured patient. Court costs, legal fees and insurance premiums could be greatly reduced, and the public would be the winner.

We need to pursue all these objectives. For my part, I promise a spirited effort conducted on the high road with dignity and integrity. This will be a tough battle, but it needs to be fought. I believe the logic and persuasiveness of our position must prevail. We must be convincing to those who convene under the Capitol dome, to judges and justices and to the general public.

For my part, I promise a spirited effort conducted on the high road with dignity and integrity. This will be a tough battle, but it needs to be fought.

Most importantly, our success will depend in large part on you—on the dedication, tenacity and unity of our membership. Our rally was just the beginning of our crusade. We must stay together to final victory. We all must be informed, vocal and active, in our communities as well as in Lansing.

We must encourage physicians to be willing to put forth the time and effort to help defend their colleagues against unjust lawsuits. Attorneys for the plaintiff are not experiencing difficulty getting so-called "experts" to appear as witnesses, but defense attorneys are finding difficulty in this area. There also is great need for physicians to serve on mediation panels. Please, don't deser us. If you're not willing to com forward and help, you can hardl expect to see success.

As we press forward on liability, we recognize our responsibility in risk management and wil be active in this arena. We wil strengthen our aid to impaire physicians. Heretofore, we hav relied on volunteer physicians t provide counseling and guidanc into treatment, but we have a last hired a professional to coordinate assistance and direct substance abuse counseling.

I use this occasion to stress my four-point priority, which is also your priority:

- Step one, we must achieve liability relief.
- Step two, we must mobilize with unity behind that goal.
- Step three, we must communicate forcefully on our goal.
- Step four, never falter on steps one, two and three.

The stakes are high, and the outcome is uncertain. But let this be the year we move closer toward securing our ability to practice medicine in this litigious environment. Only then can we get back to our service agenda—to take care of our patients.

I have been dedicated to this overriding issue for three years. I am proud, humbled and challenged by this presidency in this momentous year. I will need support and involvement from all of you. I pledge to you everything that is within me in pursuit of our common mission. ☐

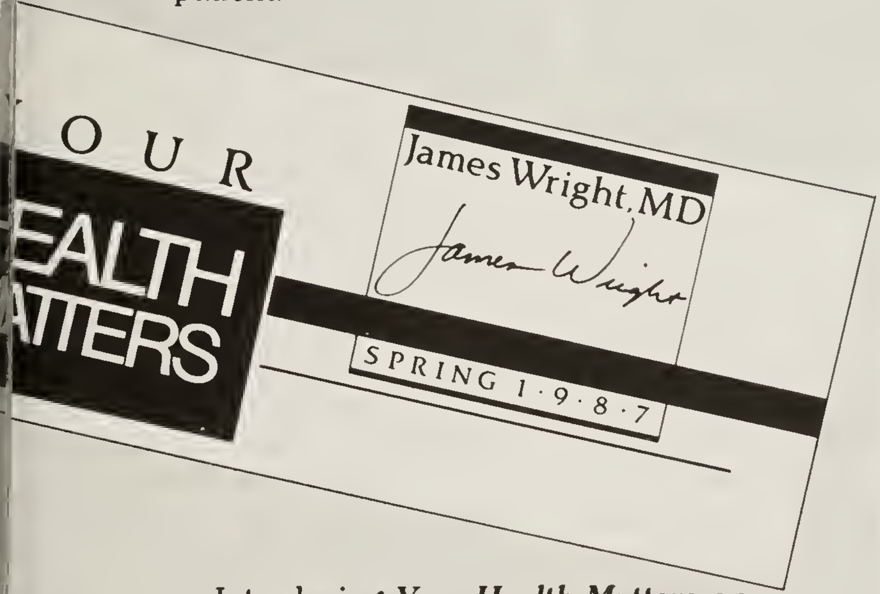
Try this 3-minute exercise for a healthier practice.

Just take three minutes to learn about a new service being offered by your Michigan State Medical Society.

MINUTE ONE:

Read this.

Now there's a way to give your patients timely information on a variety of health-related topics and to communicate your concern for their health. And it will cost you less than the price of a cup of coffee per patient.



Introducing *Your Health Matters,* an interesting, easy-to-read quarterly newsletter, **personalized** with your signature in the masthead design. Use it as a self-mailer or include in an envelope—say, with your monthly statement. Make them available in your reception area or even use them as a prospecting tool through the Welcome Wagon or a similar community program.

MINUTE TWO:

Consider this.

A year's subscription to *Your Health Matters* is a cost-effective way of maintaining regular, positive communication with your patients. And that can translate into a healthy and growing practice.

Order according to the needs of your practice. (Available in increments of 500)

MINUTE THREE:

Send this.

Indicate the number of subscriptions you will need on the form below. Write your signature—black ink on separate sheet of white paper, please—to use on your personalized masthead, enclose your check, and mail.

Your 3-minute exercise is done.

Please enter my year's subscription for four issues of *Your Health Matters.* To serve my practice, I will need the following number of newsletters each issue:

☐ 500 $ 490 ☐ 1500 $ 1332
☐ 1000 $ 928 ☐ 2000 $ 1712

Enclosed is my check in the amount of $ ______.

Ship to:

Name

Address

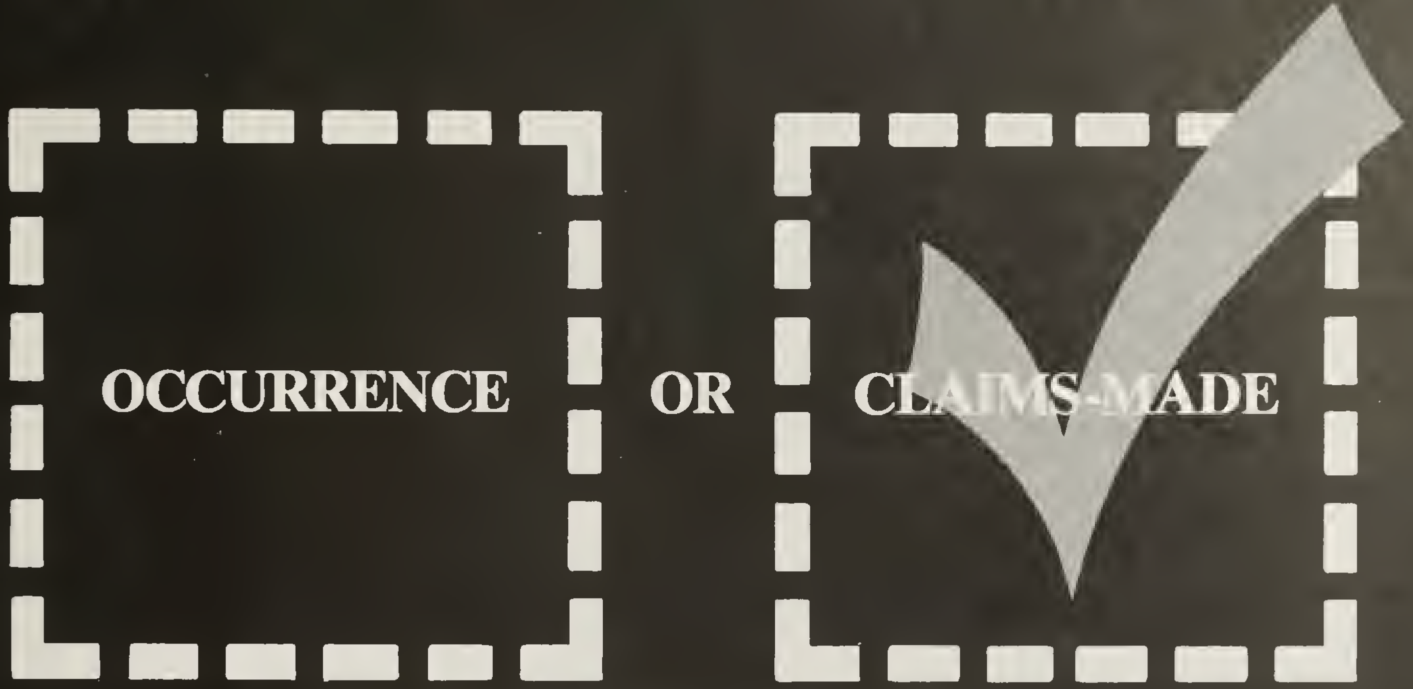
City State Zip

Phone Number Date

Authorized Signature
(Cannot be used for masthead; please submit doctor's signature separately in black ink on white paper.)

SEND TO:
Michigan State Medical Society
Att: Patient Newsletter
P.O. Box 950 East Lansing, MI 48826-0950

Robert Douglass, MD, Southfield and **George Poretta, MD**, Bloomfield Hills, were honored for their long-term affiliation with Providence Hospital at its Friends Ball. . . . **Arthur Tuuri, MD**, Flint, was named Health Advocate of the Year by the American Lung Association. . . . **Cathy Blight, MD**, Flint, has been named official spokesperson for the American College of Pathologists. . . . **E. Marshall Goldberg, MD**, Flint, has been nominated for the Lewis Thomas Award for Communications by the American College of Physicians. . . . **Clara Raven, MD**, presented a poster session captioned *The Sudden Infant Death Syndrome: Hypersensitivity Pneumonitis or Allergic Alveolitis* at the World Congress of Anatomic and Clinical Pathology. . . . **Russell Bush, MD**, Flint, received the Special Resident Teacher Award of the Society of Teachers of Family Medicine. . . . **Charles Bodem, MD**, Flint and **Jerry Bartholomew, MD**, Flint both received Instructor of the Year awards from the St. Joseph Family Residency Program. . . . **George W. Morley, MD**, Ann Arbor, has been named president of the American College of Obstetricians and Gynecologists. . . . **Thomas Payne, MD**, East Lansing, was elected to the Board of Physician Policyholders of Michigan Physicians Mutual Liability Company. Re-elected to positions on the board were: **Ernest P. Griffin, Jr., MD**, Flint and **Jay K. Harness, MD**, Ann Arbor. . . . **Douglas McKeag, MD**, was elected to a three-year term on the Board of Trustees of the American College of Sports Medicine. . . . **Frederick M. Maynard, MD**, Ann Arbor, received the American Spinal Injury Foundation's annual research award for his research paper *Analysis of Recreational Off-Road Vehicle Accidents Resulting in Spinal Cord Injury*. . . . **Judith Tintinalli, MD**, Royal Oak, recently was voted president-elect of the American Board of Emergency Medicine. . . . **Gilbert Bluhm, MD**, Southfield, has been elected president of the Wayne County Medical Society. . . . **Frederick M. Vincent, MD**, Traverse City, coauthored *Neurology: Problems in Primary Care*, a book which systematically reviews cerebrovascular diseases, diseases of the spinal cord, neurologic complications of diabetics, alcoholics and pregnant patients, with special coverage of primary care of neurologic emergencies. . . . **Steven Niergarth, MD**, Lansing, received the Distinguished Alumni Award from Schoolcraft College. . . . **Lloyd J. Hooper, MD**, Roscommon, has been named medical director of Northern Michigan Health Services. . . . **Alexa I. Canady, MD**, Detroit, recently was featured as an Outstanding Michiganian by WJBK-TV2. She is one of only two black neurosurgeons in the US. . . . **Theodore Cooper, MD**, Kalamazoo, has been elected chairman and chief executive officer of the Upjohn Company. . . . **Michelle Reid, MD**, Detroit, has been appointed medical director of the the Detroit Wayne County Community Mental Health Board. . . . **Philip R. Glotfelty, MD**, Marshall, will be assistant scoutmaster for the Michigan Delegation to the International Boy Scout Jamboree in Australia. . . . **Thomas J. DeKornfeld, MD**, Ann Arbor, received the Year Book Medal from Year Book Medical Publishers for his contributions to several of the company's publications. . . . **John R. Ylvisaker, MD**, Bloomfield Hills, recently embarked on a goodwill trip to Sweden in a small plane to deliver postcards from Gov. Blanchard inviting the country's royalty to visit Michigan during their 1988 US tour. . . . The following physicians were presented awards at the spring meeting of the Michigan Psychiatric Society. In alphabetical order, they are: **Sarah Allison, MD**, Birmingham; **Lynn W. Blunt, MD**, Ann Arbor; **Beth Ann Brooks, MD**, St. Clair Shores; **Calvin H. Chen, MD**, Northville; **Sung-Ran Cho, MD**, Northville; **Diana M. Constance, MD**, Bloomfield Hills; **William A. Decker, MD**, Kalamazoo; **James H. Graves, MD**, Grosse Pointe Farms; **Linda Logsdon, MD**, Franklin Village; **Philip M. Margolis, MD**, Ann Arbor; **Frank Newman, MD**, Kalamazoo; **Kenneth E. Pitts, MD**, Howell; **Marvin Sherman, MD**, Southfield; **Sheldon Siegel, MD**, Auburn Hills; **Jay J. Van Zoeren, MD**, Bloomfield Hills and **Robert D. Woodward, MD**, Birmingham. □



The Claims-Made Choice Can Save You Thousands in 1987.

PICOM's New Claims-Made Professional Liability Policy

If you qualify, you can

. . . Save thousands of dollars on your 1987 premiums.

. . . Continue to save each year.

. . . Obtain free tail coverage at retirement.

. . . Select higher limits now.

. . . Increase your limits in future years to cover both your past and future practice.

For full details, contact Physicians Insurance Company of Michigan, 4277 Okemos Road, Box #1000, Okemos, Michigan 48864.

Or call our CLAIMS-MADE
HOTLINE:
1-800-338-7343.

PICOM
PHYSICIANS INSURANCE
COMPANY OF MICHIGAN

Claims Made
What are the answers?

Trends in medical malpractice and the golden rules

By Samuel M. McMahon, MD

Malpractice claims continue to rise in Michigan. The Physicians Insurance Company of Michigan (PICOM) experienced on average a 15-20 percent rise in total payments each year for the last six. I doubt that the tort reform law last year had a substantial beneficial effect. It is possible that the statute of repose, which limits new cases to six years beyond the date of injury may be useful in adults, but there are exceptions to it including damage to reproductive organs, foreign bodies left in body cavities after surgery and fraud. The possible value of this statute will be unknown until six years have passed and the statute is tested in the courts.

Legal theories

A bad medical result should never be actionable unless negligence, error or some deviation from the standard of medical practice can be shown, But is is almost always a bad medical result which leads to a malpractice claim.

The allegation, or legal theory of malpractice, is always part of a malpractice suit and it forms the basis for the case in law against a physician. The kinds of legal theories used in malpractice cases are changing.

Doctor McMahon is professor of medicine, College of Human Medicine, Michigan State University and vice-president, medical affairs, Ingham Medical Center.

In the past, physicians have been charged with a lack of informed consent, negligence or abandonment. Many physicians have addressed these concerns in their practices as a part of risk management, so that these claims are now more difficult to support.

Figure 1 (page 466) shows some of the legal theories used in claims which were sent to the PICOM Claims Committee from 1980 to 1986. Only claims with large expected damages or those where the insured is expected to be difficult to defend, are sent to the Claims Committee, but these are the cases which should be of the most interest to physicians. Most of the legal theories shown in figure 1 have remained constant over this six year period.

Figure 2 (page 470) shows that two kinds of legal theories are increasing: failure to diagnose and failure to treat. Failure to diagnose cancer, especially that of lung and breast, is becoming a particularly prominent claim. A bad result, cancer, is already present in these cases and the physician is blamed when the diagnosis is not made immediately.

A failure to diagnose fractures and cancer is often brought against radiologists. Family physicians and other primary care specialists are frequently charged with failure to diagnose cancer, acute myocardial infarction and diabetes mellitus. Surgeons are charged with failure to diagnose a condition preoperatively which would put the patient at risk postoperatively or to diagnose a postoperative complication.

The claim of failure to treat includes failure to treat surgical complications, failure to recognize and follow through on an abnormal laboratory result and any failure to do things which would be expected in a competent physician.

These data do not show a change in medical practice so much as a change in the use of legal theories. The changes are important because they form the basis for risk management for any physician who wants to protect himself and his practice.

The golden rules

When you recall that 55 percent of all the money paid in malpractice premiums go to lawyers, with only 45 percent going to the deserving victims of malpractice, you will understand why there is a malpractice crisis and why physicians will be unable to prevent most lawsuits. But there may be a substantial minority of suits which physicians can prevent.

Many have wondered why some doctors get sued repeatedly while others who do the same kind of work do not. It does not reflect on a physician's credentials since, if anything, fully qualified physicians are more

Continued on page 466

COSTA DEL SOL
Spain

PARADISE IN THE SUN

LUXURY CONDOMINIUMS

1-4 Bedrooms

Financing — Lloyd Bank

FREE

* 3 Bedroom Condo — 1 week
* 2 Tickets — Fly Concorde
Return QE2 from N.Y.

*with each purchase

TEL: (313) 334-3197, 646-3828

GOLDEN RULES/Continued

likely to be sued than others. I know some physicians with excessive suits who are practicing competently and taking good care of their patients. I would not be afraid to go to these physicians myself or to send a member of my family to them.

It is unlikely that some physicians are sued more than others because of greed among lawyers and a legal system which allows frivolous claims to be brought and paid for. These are problems that affect every practitioner, not just those who are sued repeatedly.

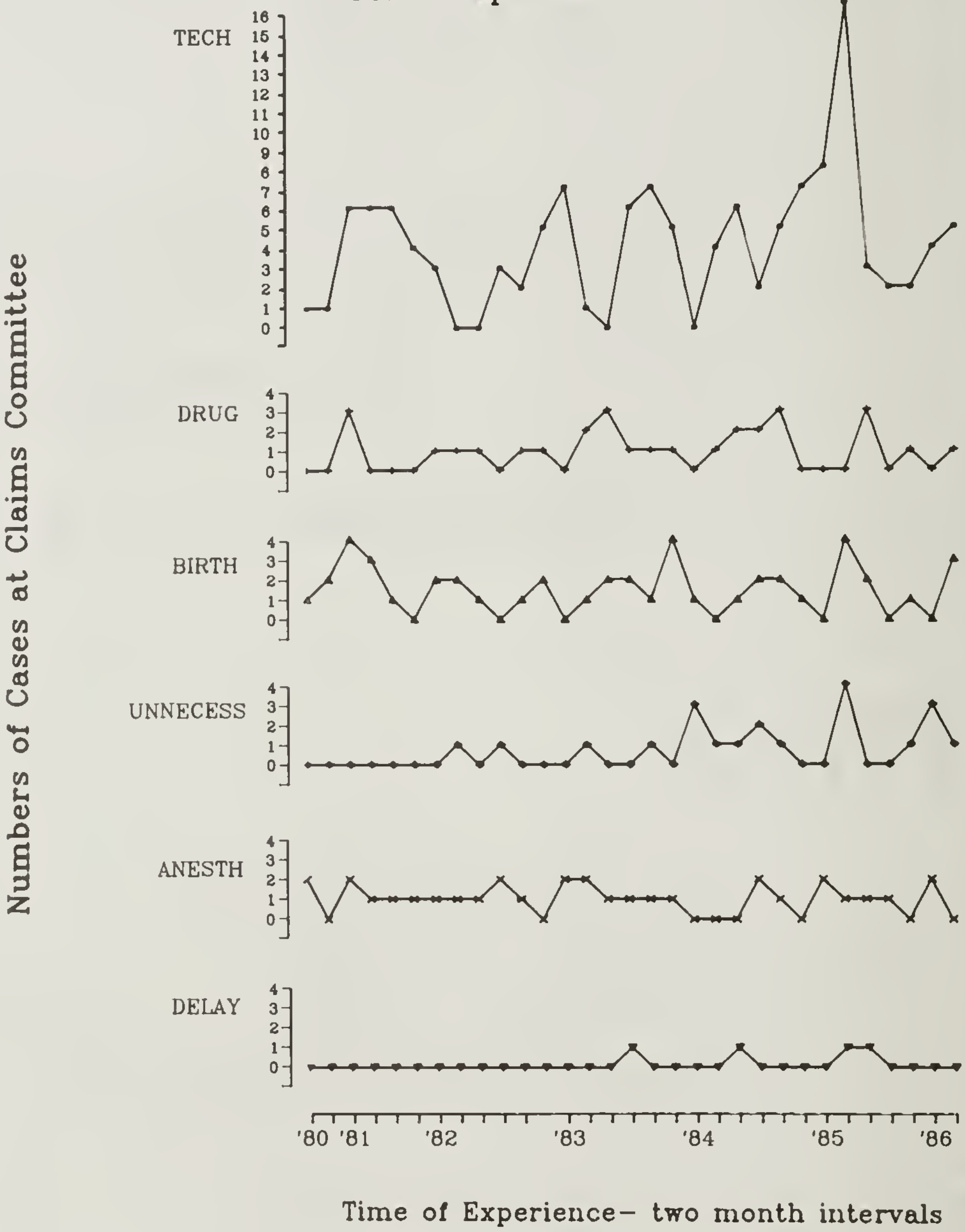
"The Golden Rules" (page 470) represent my opinions on why some doctors are sued more than others. They are only opinions, but they are based upon seven years of experience on the board of a physician-owned malpractice firm and on interviewing over 600 physicians with a poor malpractice record. There are certainly other reasons, but I think these are important. Most insurance professionals who have seen these rules share my view.

I think many physicians are sued because the physician is perceived as being uncaring or high-handed and the patient or his family wishes to "get back" at the doctor. It is so easy to bring a malpractice suit that this is a ready mechanism for a patient to implement his or her anger. Yet suits like these can be successfully

Continued on page 470

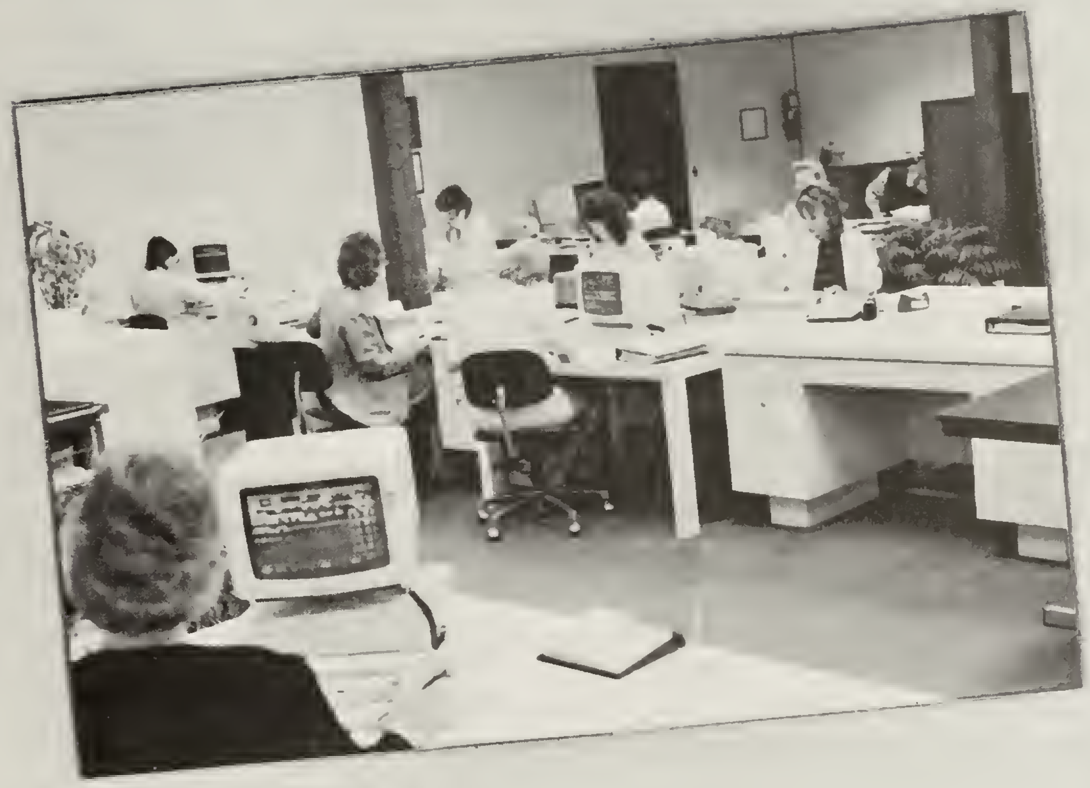
Figure I

PICOM Experience—1980-86



▲ Figure 1

This figure shows the numbers of some allegations sent to the Claims Committee at its bimonthly meeting. TECH refers to technical errors, most of which occur in surgery. DRUG relates to the indications, side effects and complications of drug therapy. BIRTH refers to prenatal and perinatal complications and all pediatric claims. UNNECESS refers to allegations of unnecessary procedures, mostly hysterectomies. ANESTH describes all allegations of anesthetic errors. DELAY relates to allegations that treatment was delayed.



Billing Department

A CUSTOM TAILORED billing SYSTEM THAT fits YOUR individual NEEDS.

At Advance Medical, we realize the large volumes of paperwork involved with health care. Our computerized billing system is designed to eliminate excess paperflow for you and your patients.

Billing is sent directly to the designated party, or carrier, as you instruct us.

AMRC knows that your time is best spent treating patients.

Advance Medical & Research Center, Inc.
1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park Alpena Bay City Clarkston East Jordan Flint Grand Rapids Kalamazoo Lansing Livonia Marquette Monroe Muskegon Portage Saginaw Traverse City

You've Known Us
For Our Quality...
Now Test Our Service

M Labs
Department of Pathology
University of Michigan
Medical Center

Specialty Reference Laboratory Testing
- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology
- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

1500 E Medical Center Drive
Medical Science Bldg I
M5221/0602
Ann Arbor, MI 48109-0602

313-936-2598

800-862-PATH

Peter A Ward M D
Chairman

Kenneth D McClatchey M D
Associate Chairman
Director, M Labs

Eugene M Silverman M D
Associate Director, M Labs

Michigan State Medical Society

HEARTLAND OF EUROPE

Germany's Black Forest & Switzerland

Deluxe Program

October 11 - 19, 1987

$899
From Detroit, Michigan
Per person double occupancy

TOUR FEATURES

- Roundtrip transatlantic air transportation to Basel, Switzerland from Detroit, via **American Trans Air's L1011 jet**, featuring "wide body" comfort, movies, and stereo. Dinner and a snack served enroute.
- Four nights accomodations in Villars, Switzerland in the Swiss Alps in a modern Superior First Class hotel in Villars.
- Three nights accomodations in Bad Herrenalb, Germany in the heart of the Black Forest at the deluxe Hotel Kulm.
- One Full Day Rhine River Cruise.
- Sightseeing transfer between Villars and Bad Herrenalb.
- Continental breakfast daily.
- Completely escorted
- And much, much more.

SIGN UP SOON
SPACE IS LIMITED!

TRANS GLOBAL TOURS INC
TGT

FOR ADDITIONAL INFORMATION
CALL OR WRITE:
TRANS GLOBAL TOURS, INC.
8200 Normandale Boulevard, Suite 504
Minneapolis, Minnesota 55437
USA Toll Free: 1-800-328-6264

or

Michigan State Medical Society
Attn Donna Farougi
120 West Saginaw Street
East Lansing, Michigan 48826-0950
(517) 337-1351

You don't have to go to Wall Street to invest in Michigan.

At Comerica Investment Services, our municipal securities professionals are specialists in Michigan tax-exempt securities. We know the territory because we've been part of it for over a century. And that's an advantage national brokers simply can't claim.

We also offer the expertise of a full-time credit research staff which reviews and analyzes securities.

And finally, we provide guidance based on careful analysis of your financial needs.

So whether you're in the market for tax-exempt investments or U.S. Government bonds, we suggest you send in the coupon below or call **313/222-9554.**

Because nobody knows the territory better than we do.

TO: Comerica Investment Services
211 West Fort Street Detroit, Michigan 48275-1136

I'd like to know more about Comerica Investment Services.

- ☐ *Please call me to discuss my fixed-income needs.*
- ☐ *Please send me information on tax-exempt securities.*
- ☐ *Please send me information on taxable securities.*

NAME ____________________

ADDRESS ____________________

CITY __________ STATE ______ ZIP ______

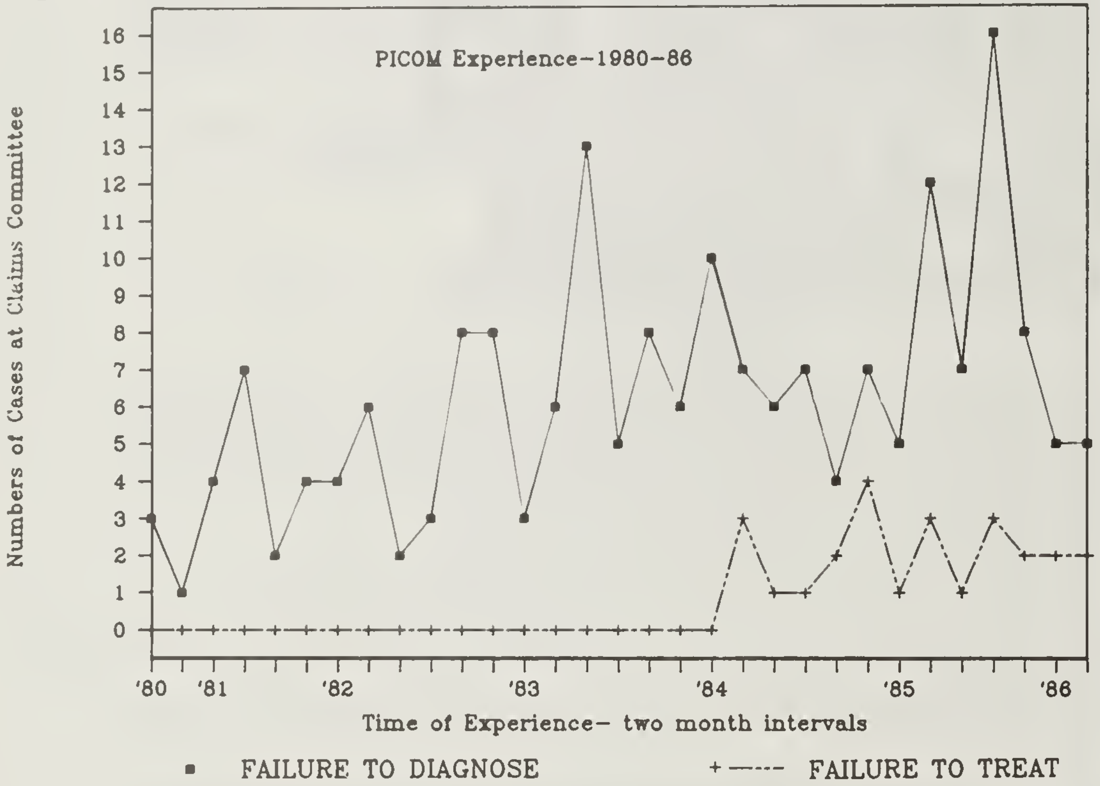
TELEPHONE ____________________

(Best time to call before 5:00 p.m.)

There's a reason....

Comerica
BANK

Figure 2



◄Figure 2

This figure refers to allegations of failure to diagnose and failure to treat. See text.

The golden rules

- An uncaring attitude, arrogance or insolence usually leads to suits.
- Poor or "shaved" quality leads to *successful* suits.
- Suits are decreased when patients understand that a bad result could happen to them.

GOLDEN RULES/Continued

defended if everything has been done well and if a high standard of medical practice has been followed. All of us know of instances where there have been poor results or where physicians have made errors which were simply unavoidable. Many of these cases do not result in malpractice suits because the patients and their families know that we are doing the very best we can.

When high quality care is not offered to a patient or when the quality of care has been diminished in some way, either as a cost-cutting measure or through simple oversight, the resulting lawsuit is much more difficult and usually leads to payment.

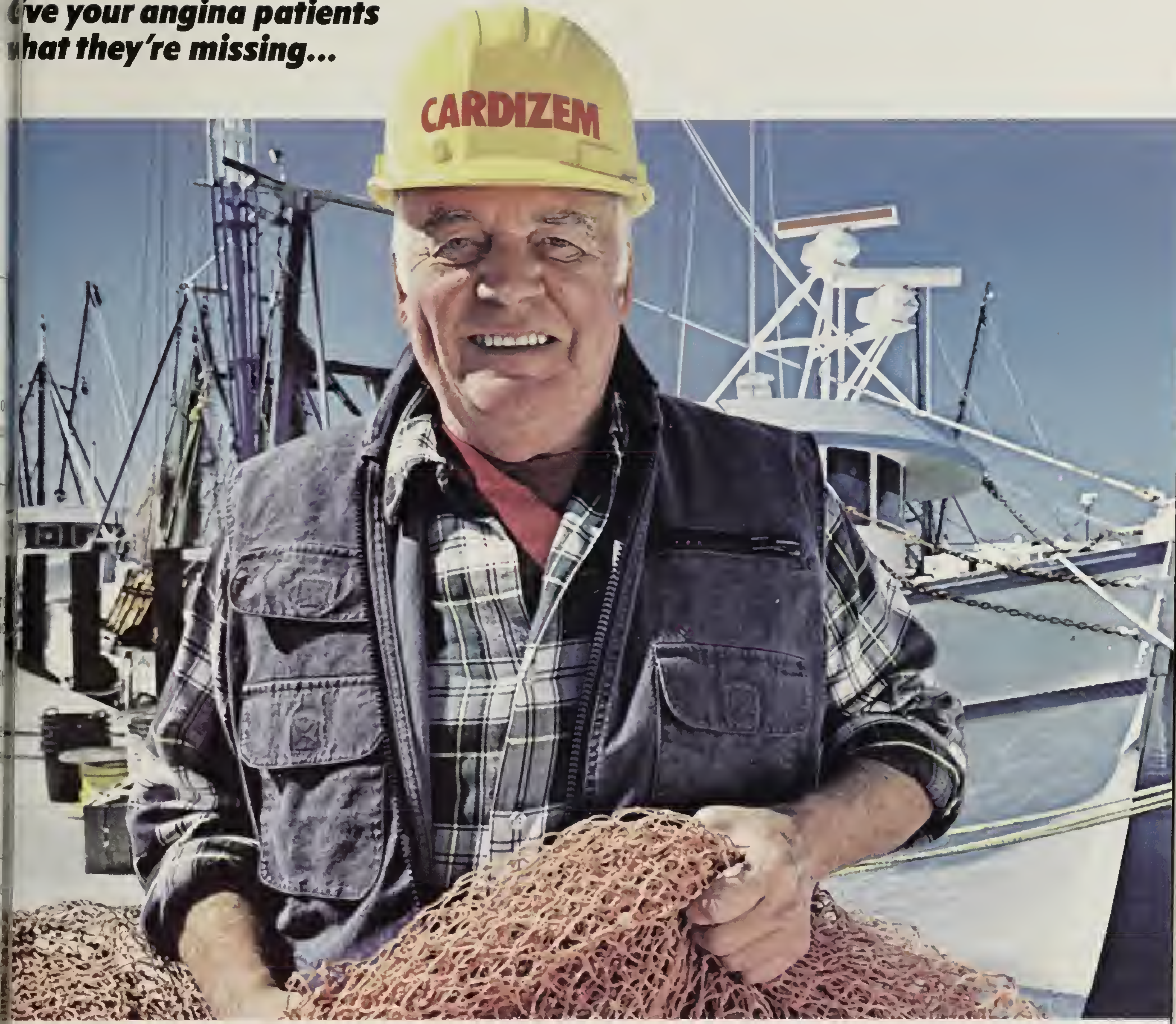
Unrealistic ideas

Many patients come to us with an unrealistic idea of the results of medical practice, based upon television programs or the lay press. These patients cannot accept a diagnostic failure or a bad result as something which could happen to them. To the extent that we fail to educate patients realistically about the results to be expected in any disease or procedure, we may have contributed to the patient's expectations and to their anger when things go wrong. It seems clear that we have an obligation to educate our patient about what might happen during the course of their disease and treatment and which alternatives we would then consider.

If a physician is to protect himself as an individual practitioner in this litigation-prone society in which we live, the first principle is to establish as good a relationship with the patient and his family as can be achieved. Nothing else comes close in avoiding the threat of a malpractice suit. Whether or not a good relationship is established with the patient, high quality medical care continues to be the best defense a physician can have. ☐

Editor's note: See next month's issue of *Michigan Medicine* for a discussion of malpractice as observed by Michigan Physicians Mutual Liability Company.

ive your angina patients
hat they're missing...



CARDIZEM® : FEW SIDE EFFECTS
diltiazem HCl/Marion

90 mg GREATER DOSAGE FLEXIBILITY NEW 120 mg

- ***Antianginal action includes dilatation of coronary arteries, a decrease in vascular resistance/afterload, and a reduction in heart rate***
- ***Proven efficacy when used alone in angina[1]***
- ***Compatible with other antianginals[2,3]****
- ***A safe choice for angina patients with coexisting hypertension, asthma, COPD, or PVD[4,5]***

****See Warnings and Precautions.***

Please see brief summary of prescribing information on the next page.

CARDIZEM® diltiazem HCl/Marion FEW SIDE EFFECTS IN ANTIANGINAL THERAPY

60 mg tid or qid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg and 60 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing.

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease. When to use which. Mod Med 1982;50(Sept):94-116.

Another patient benefit product from
PHARMACEUTICAL DIVISION
MARION LABORATORIES, INC.
KANSAS CITY, MO 64137

0246M6

— Laboratory of Clinical Medicine —

Diagnostic Laboratory Specialists

517-372-8180 • 800-292-4543

- Reliable Laboratory Testing
- Accredited by College of American Pathologists
- 20 year tradition of quality
- House calls and true 'STAT' service
- Computerized reports and billing

LABORATORY OF CLINICAL MEDICINE
MID-MICHIGAN REFERENCE LABORATORY, II, INC.

Professional Staff

Director
W.E. Maldonado, M.D.
Pathologists
J.J. Gillespie, M.D.
R.N. Horowitz, M.D.
R.H. Knapp, M.D.
J.G. Lyday, M.D.
L.R. Simson, Jr., M.D.
S.P. Pradhan, M.D.
R. Tyler, M.D.
Ph.D. Clinical Scientists
J.W. Dyke, Ph.D.
K.W. Dobra, Ph.D.
J.R. Kateley, Ph.D.
J.R. Melvin, Ph.D.
M.K. Oaks, Ph.D.
R.B. Foy, Ph.D.
S.E. Stuart, Ph.D.
M.C. Wimmer, Ph.D.

Corporate Office
6433 S. Pennsylvania Ave.
Suite 300
Lansing, MI 48911

Laboratory Services
Chemistry
Hematology
Toxicology
Microbiology
Virology
Immunology
Blood Banking
Transplantation
Endocrinology
Infertility
Surgical Pathology
Dermatopathology
Electron Microscopy
Flow Cytometry
Cytogenetics
Cytology

Lansing Locations:

- *930 E. Mt. Hope*
- *625 S. Waverly*
- *1322 E. Michigan #102*
- *2909 E. Grand River #104*

Dx: recurrent herpes labialis

WILLIAM M CAMERON M.D.
EAST HIGH ST
For
R
Herpecin-L
Lip Balm
Sig: q.h.
as needed
HERPECIN-L®

"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough.**" DDS, MN

"HERPECIN-L®. . . a **conservative approach** with **low risk/high benefits.**" MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed** . . . remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior.**" DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

Rep. Paul Wartner sees imbalanced tort system

By Carole Eberly

If you see a legislator combing his hair with a green and white comb you can be sure it is Rep. Paul Wartner.

A gung-ho supporter and alumnus of Michigan State University's School of Business, where he received his BA and MBA, Wartner admits his addiction to MSU.

"My campaign colors were even green and white," he said. "I'm a big, big supporter of Michigan State. I think Michigan State is a fine institution."

His office in the Capitol is appropriately adorned with a green and white elephant, a music box that plays the Spartan fight song and other MSU memorabilia. His wife, Ann, also is an MSU grad who decorates her school classroom where she teaches with green and white flags.

Wartner, who is self-employed, has worked in finance and accounting since receiving his degree.

These interests naturally spill over to the legislative arena where he is vice-chairman of the Insurance Committee and sits on the Corporations and Finance Committee.

"I really think the only way to provide jobs is for business to make a good profit to provide those jobs" he said. "I'm an advocate of that. I don't think you can tax and regulate business to death and expect to have jobs in our state.

Rep. Wartner

Ms. Eberly is a Lansing-area freelance writer.

A lot of ideas

"When I was first elected in 1982, I had a lot of ideas in terms of the strength of the economy and business in the state, which I felt had deteriorated considerably," he said. "I thought maybe with my business and finance background I could be of some help. And I think I have been, especially in the area of insurance. We really worked on that hard. I don't think we've made the improvements we wanted to make, but we did make some."

In addition, Wartner is in the process of drafting legislation that would institute an arbitration type of insurance plan for Michigan physicians and consumers.

"The intent of the bill is to do something to help with the cost of health care," he said.

The bill, an alternative to th traditional tort system, woul allow waiver of the right of litigation for persons seeking health care. Under the legislation a person would have the option to us the traditional tort system o choose, at a much lower cost, th arbitration route.

"It's designed for cost containment purposes," he said. "It would save all the litigation costs, which are tremendous. And you would be compensated for your injuries.

"We're also moving more and more toward a no-fault system where everybody is compensated to an extent of the injury whether or not they were at fault and no one gets a big chunk out of the system. That's what we're trying to eliminate.

"Right now we have many that may go to court and get zero. This would at least provide for the basic needs of individuals when they are injured, whether it's the fault of the physician or health care provider, or the individual, or if it was no one's fault."

He believes that only in extreme cases should a person be allowed to file a suit to get an extraordinary damages.

"An injury is an injury is an injury," he said. "Why should one person get $50,000 for an eye injury and another get $5 million? I think the current system is out of balance. The key to this is we need a balanced system. We need some kind of threshold."

He compared it with the no-fault auto system which he said as lowered the cost of premiums y moving away from a tort ystem.

Wartner, who was not overly ptimistic about immediate pasage of his bill, said he expected ome action on the legislation this all.

The Kalamazoo Republican neets regularly with area physiians for legislative breakfasts to eep on top of medically-related ills.

"With 4,000 bills going hrough this House, they're more aware of their particular bills than we are," He said. "This group helps us to flag these bills and let us know what their feelings are and why they feel one way or another."

Although Wartner is enthusiastic about his legislative job, he ended up in it quite by accident. He was a business official for the Portage School District when the seat opened up. One day before filing deadline someone suggested he run for it. Active in the local civic and government groups, Wartner had high name recognition. That gave him the edge to beat out his opponent.

"I had no particular plans to be a legislator," He said. "It just happened the job opened up. It wasn't as though I had planned all my life to be here."

And since he's been in the legislature for three terms, it must mean either he's doing something right or green and white are lucky campaign colors for him. ☐

We're on call for you

1-800-962-3555

Introducing *M-LINE*, a toll-free special connection for community physicians who need access to the U-M Medical Center.

M-LINE will give you an immediate doctor-to-doctor link to our physicians for consultation or to inquire about patient referrals and clinical and laboratory services. A specially-trained physician service representative will take your call and connect you with the U-M physicians you need.

Next time you want a consult, call M-LINE. It's as easy as *1-800-962-3555.*

M LINE

University of Michigan Medical Center

Auxilians: plant ideas, reap the rewards

By Pat Allen

The following are excerpts from MSMS Auxiliary President Pat Allen's inaugural address:

"A leader is one who finds a parade and gets in front." Look around you at my parade—it's going to be a wonderful year.

The changes that confront medicine today continue to challenge us. As physicians' spouses we are as challenged as is the profession in trying to cope.

Change has occurred in part, because politicians have promised more than they can deliver and big business has decided that physicians must solve the dilemma they themselves created. In other words, by making health care free, or heavily subsidized, the consumer has been encouraged to use it promiscuously and abuse it endlessly. The medical community has been challenged to change that concept.

Suddenly cost containment became a "catch phrase" in Washington and the overly unnecessary or inappropriate utilization of health care became a thing of the past. The change in the delivery of medical care was sudden, dramatic and confusing. Meanwhile overhead costs (to the physician) have skyrocketed and reimbursement has plummeted—the physician is getting hard-pressed to deliver quality care.

To make matters worse, the United States has become a very litigious society—patients have unrealistic expectations concerning the results of health care.

Mrs. Allen, Battle Creek, was installed as MSMS/A president May 6 at the Auxiliary's annual meeting in Novi.

Mrs. Allen

Patient advocate

We can't solve all of the problems but we can let patients know that the physician is their advocate in the health care maze and that their welfare depends on their doctor not losing his/her independence. While patients may envy doctors' status and incomes, they *do* respond to appeals of respect for their integrity.

We must not, indeed we *cannot*, allow our government to lead us away from a true medical ethic and establish a veterinary ethic in which medicine will serve the needs of the patient's master, the state, rather than the needs of the patient.

Auxilians have a responsibility to be as informed as we can about the current issues facing medicine. We need to use this information in positive ways. We can change public opinion about health care costs and professional liability in explaining medicine's stand on major issues.

If we do become vocal advocates for medicine—acting to make changes happen instead of reacting to change—we must get our own house in order. Membership, therefore, is the single most important issue we face and it begins at the county level.

Snowflakes are one of nature's most fragile things—but just think what they can do when they stick together.

Crossroads

Right now we are at a crossroads—we can increase our membership and thus our community impact, or we can reject this avenue and close our minds to the needs that medicine and our physician spouses have.

My emphasis this year will be in the areas of legislation and membership. My theme is "Our best to you." I am asking that we all give "our best" to further the goals of our auxiliary and Michigan medicine.

The symbol of my theme will be a sheaf of wheat. In the twelfth chapter of John, Jesus says to his followers, "In truth, in very truth I tell you, a grain of wheat remains a solitary grain unless it falls into the ground and dies, but, if it dies, it bears a rich harvest."

To paraphrase this—each of us can remain that solitary grain, sit back and do nothing—or we can return to our communities, plant our thoughts and ideas and reap the rich rewards that follow! ☐

Doctors who are losing money...

Yes, I would like to bill and build my business better. Please have an MBS representative contact me.

Name ☐ Solo ☐ Group

Type of practice

Address

City State Zip

Phone

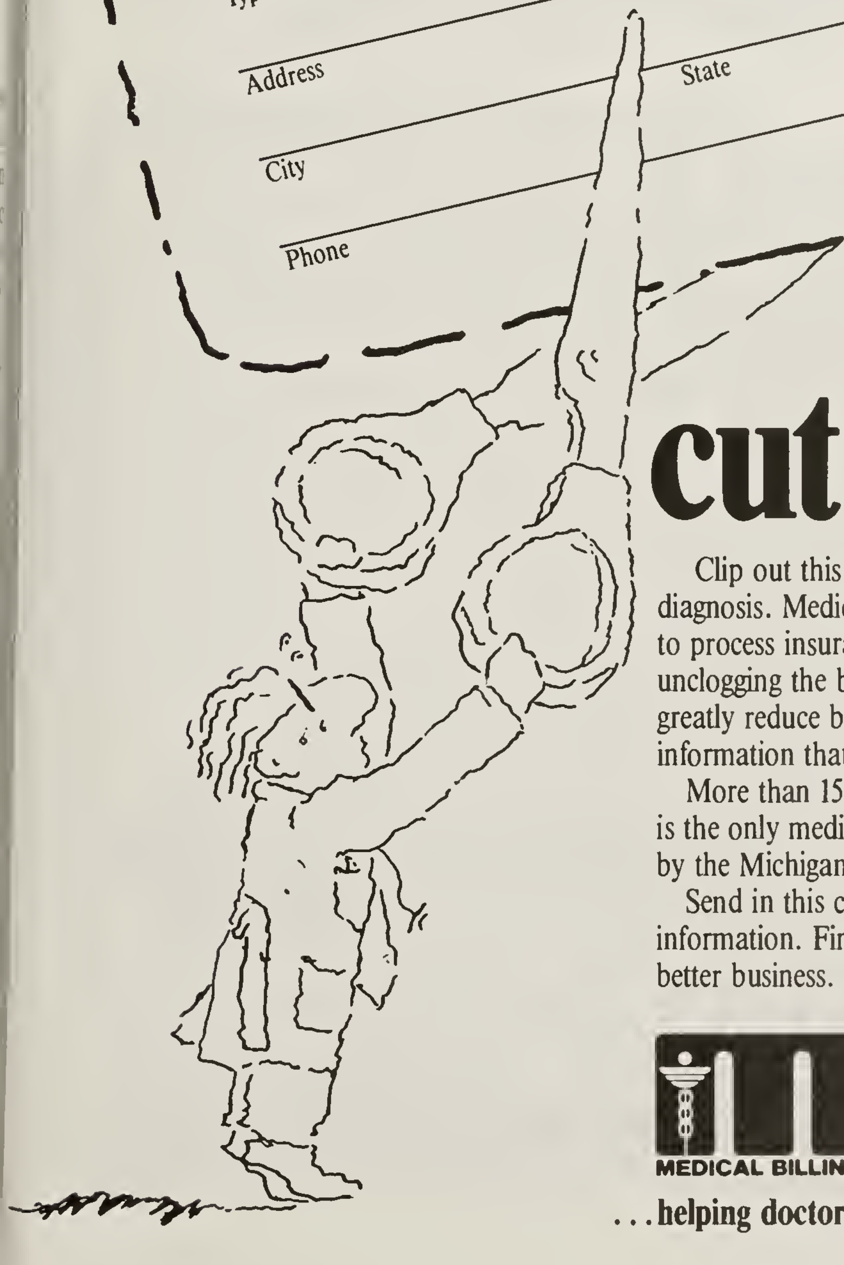
For added convenience call any one of the following MBS locations:

Corporate Office
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

Flint Office
(313) 238-4804

Grand Rapids Office
(616) 940-1841

Michigan State
Medical Society
Physician Service Group
(517) 337-1351



cut it out.

Clip out this coupon and send for your free billing system diagnosis. Medical Billing Service (MBS) can show you how to process insurance claims up to 60 days quicker, therefore unclogging the bottleneck and improving your cash flow. MBS can greatly reduce billing error and provide important patient information that can save you time and money.

More than 1500 doctors already use MBS services. In fact, MBS is the only medical billing service that is fully endorsed by the Michigan State Medical Society.

Send in this coupon, today. Or, if you prefer...call us for more information. Find out how MBS can help you bill and build a better business.

MEDICAL BILLING SERVICE

Medical Billing Service
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

...helping doctors get down to business.

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join with other MSMS members at both the local and state levels in achieving these goals.

Yasmeen Admad, MD — PD
5649 Schaefer
Dearborn 48124

Stephen H. Anderson, MD — EM
925 S. Ottillia, SE
Grand Rapids 49507

Daniel J. Arnold, MD — IM/ON
1414 W. Fair Ave. #209
Marquette 49855

Michael A. Chan, MD — P
P.O. Box 88
Spalding 49886

Samuel DeNardo, MD — CD/IM
3110 Davenport
Saginaw 48602

Greg H. Downer, MD — NEP
8333 Lakeview Ct.
Ypsilanti 48197

Milad M. Hanna, MD — P/N
1401 Adolph Shores Drive
Coldwater 49036

Frederick Jaecklein, MD— IM/ON
1414 W. Fair Ave. #209
Marquette 49855

J. Kamalnath, MD — IM/END
18 Wood St.
Petersburg 49270

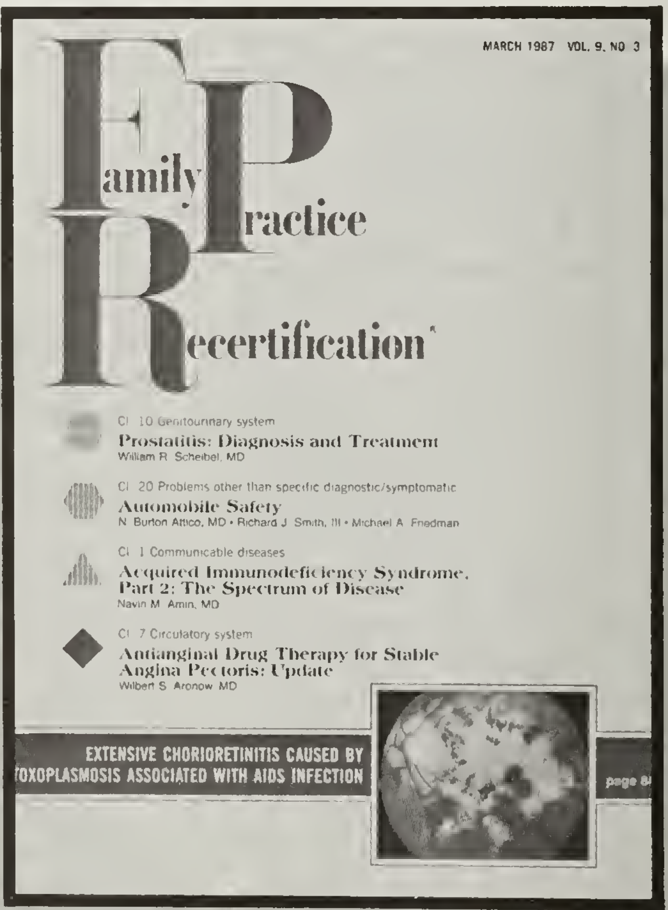
Prakash Kamalnath, MD— P/CHP
18 Wood St.
Petersburg 49270

Continued on page 480

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit

PRACTICAL ▪ CLINICAL ▪ EDUCATIONAL ▪ CURRENT



MARCH 1987 VOL. 9, NO 3

Family Practice Recertification

CI 10 Genitourinary system
Prostatitis: Diagnosis and Treatment
William R Scheibel, MD

CI 20 Problems other than specific diagnostic/symptomatic
Automobile Safety
N Burton Attico, MD • Richard J Smith, III • Michael A Friedman

CI 1 Communicable diseases
Acquired Immunodeficiency Syndrome, Part 2: The Spectrum of Disease
Navin M Amin, MD

CI 7 Circulatory system
Antianginal Drug Therapy for Stable Angina Pectoris: Update
Wilbert S Aronow MD

EXTENSIVE CHORIORETINITIS CAUSED BY TOXOPLASMOSIS ASSOCIATED WITH AIDS INFECTION

page 8

Critical judgment

Not all judgments come from courts. Physicians make many critical decisions and now have a choice in medical professional liability insurance: Traditional "occurrence" protection or "claims-made" coverage.

Be judicious. Offshore companies or new insurance entities may offer enticing premiums, but no guarantee of longevity or revenue to cover future costs.

Consider an insurer that's physician-owned, Michigan-based and guided by a record of commitment to doctors — today and tomorrow.

Michigan Physicians
mutual liability company

P.O. Box 1471
East Lansing, MI 48826-1471
(517) 351-1150
1-800-292-1926

6735 Telegraph Road
Birmingham, MI 48010
(313) 647-5550

NEW MEMBERS/Continued

Divaker R. Kattar, MD — GP/GS
110 Minges Forest Lane
Battle Creek 49015

Garron L. Klepach, MD —OPH
23077 Greenfield Rd.
Southfield 48075

David C. Kmak, MD —OBG
5807 Kensington
Detroit 48224

Elmer J. Kozora, MD — OBG
27620 Farmington Rd. #107
Farmington Hills 48018

Ronald R. Larson, MD —AN
18100 Oakland Box 2500
Dearborn 48123

Steven J. Lavine, MD —IM/CD
379 Wimbleton
Birmingham 48008

Michael H. Lehmann, MD —IM
3990 John R
Detroit 48201

Jay R. Levinson, MD —GE/IM
14800 W. McNichols #412
Detroit 48235

Jeanne G. Lewandowski, MD—PD
4605 Devonshire
Detroit 48224

Harvey Y. Lewis, MD —U
3641 Quail Hollow
Bloomfield Hills 48013

Scott G. Lewis, MD —IM
27690 Abington
Southfield 48076

Julian Llera, MD —CLP
18145 Mack Ave.
Detroit 48224

Michael D. Lutz, MD —U
17100 W. 12 Mile Rd.
Southfield 48076

More on page 483

MEDICAL AUTOMATION

THE MOST COMPREHENSIVE AUTOMATED MICROCOMPUTER SYSTEM FOR THE MEDICAL PROFESSION

Most medical systems are designed either by computer professionals with limited knowledge of medical office management or by medical office administrators with little knowledge of the nuances of computer management. This system is designed by a unique group of seasoned executives whose backgrounds include: management, administration, medicine, accounting and computer processing. We "wrote the book" on Medical Management and have years of experience in automated processing systems. This combination of expertise enables us to offer you the latest technology and most comprehensive hardware and software liaison available.

NAME ____________________
ADDRESS ____________________
CITY/STATE/ZIP ____________________
PHONE ____________________

MAI
MEDICAL AUTOMATION
(313) 557-8561

P.O. Box 530
Lathrup Village, MI
48076-0530

PHYSICIANS NEEDED

Southwest Medical Associates, Nevada's oldest and largest multi-specialty group, has immediate full time career positions in Family Practice, Internal Medicine, Endocrinology, Cardiology and Occupational Medicine. Positions offer excellent compensation and benefits plus pension and profit sharing. Malpractice and relocation expenses included. Interested M.D. or D.O. should apply with CV to:

Joan Hill, Administrator
Southwest Medical Associates
P.O. Box 15645
Las Vegas, Nevada 89114-5645

Motrin® 800 TABLETS mg
ibuprofen

Motrin
800mg

Extra strength
Convenience
Economy

Upjohn
100
A Century
of Caring
1886·1986

1986 The Upjohn Company

J-6138 January 1986

News from DISTA about a new dosage form of cephalexin

ANNOUNCING NEW

Keflet™ TABLETS

cephalexin

All the advantages of cephalexin in a convenient tablet form

- Backed by over 15 years of clinical experience
- Smaller tablet is specially shaped and coated for easier swallowing
- May enhance patient compliance, particularly among the elderly
- Tablet dosage form may be appreciated by patients of all ages

NEW Keflet Tablets are available as:

250-mg Tablets

500-mg Tablets

Keflet is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-sensitive patients.

© 1987 DISTA PRODUCTS COMPANY

Brief Summary. Consult the package literature for prescribing informa
Indications and Usage: Keflet™ Tablets (cephalexin, Dista) are indicat for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus pneumoniae* an group A β-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflet is generally effe tive in the eradication of streptococci from the nasopharynx, howev substantial data establishing the efficacy of Keflet in the subsequer prevention of rheumatic fever are not available at present.)

Otitis media due to *S pneumoniae*, *Haemophilus influenzae*, staphylo cocci, streptococci, and *Neisseria catarrhalis*

Skin and skin-structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostatitis, caused by *Escherichia coli*, *P mirabilis*, and *Klebsiella* sp

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicat

Contraindication: Keflet is contraindicated in patients with known aller to the cephalosporin group of antibiotics

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLI SENSITIVE PATIENTS

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES

There is some clinical and laboratory evidence of partial cross allerger icity of the penicillins and the cephalosporins. Patients have been reporte to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly t drugs, should receive antibiotics cautiously. No exception should be mad with regard to Keflet

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening

Treatment with broad-spectrum antibiotics alters the normal flora of th colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic associated colitis

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomyc is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C difficile*. Other causes of colitis should be ruled out

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established

Precautions: *General*—Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detect If an allergic reaction to Keflet occurs, the drug should be discontinued an the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflet may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfectior occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment wit the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug

Keflet should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observatio and laboratory studies should be made because safe dosage may be lowe than that usually recommended

Indicated surgical procedures should be performed in conjunction with antibiotic therapy

As a result of administration of Keflet, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly)

Broad-spectrum antibiotics should be prescribed with caution in indivi uals with a history of gastrointestinal disease, particularly colitis

Usage in Pregnancy—*Pregnancy Category B*—The daily oral administr tion of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had n adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that th safety of cephalexin during pregnancy in humans has not been established

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used durin pregnancy only if clearly needed

Nursing Mothers—The excretion of cephalexin in the milk increased up t 4 hours after a 500-mg dose; the drug reached a maximum level of 4 μg/m then decreased gradually, and had disappeared 8 hours after administratio Caution should be exercised when Keflet is administered to a nursing woma

Adverse Reactions: *Gastrointestinal*—Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely

Hypersensitivity—Allergic reactions in the form of rash, urticaria, angi edema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually su sided upon discontinuation of the drug. Anaphylaxis has also been reporte

Other reactions have included genital and anal pruritus, genital moniliasi vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported

PV 2211 DPP

[11178

Additional information available to the profession on request from

DISTA

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd by Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

720073

NEW MEMBERS/Continued

Hooman Mahdyoon, MD —IM
1350 W. Bethune #1608
Detroit 48202

Baldev K. Malik, MD —IM/GE
25850 Wilson Drive
Dearborn Heights 48127

A. J. Marrogi, MD —PTH
2117 Woodburn Dr., SE #12
Grand Rapids 49506

Glenn M. McAlpin, MD —GS
215 E. Mansion
Marshall 49068

John M. Miller, III, MD —PD
6777 W. Maple Rd.
West Bloomfield, MI 48033

Jeffrey L. Messenger, MD —D
1322 E. Michigan
Lansing 48912

James E. Mohyi, MD —IM
24730 N. Cromwell Dr.
Franklin 48025

Haresh B. Pandya, MD —PI
330 Lovell St.
Ionia 48846

Daxika A. Patel, MD —PD
6500 John C. Lodge
Detroit 48202

Edward Pazuchowski, MD —FP
30083 Quinkert
Roseville 48066

Margaret M. Pierron, MD —PD
25815 Harper
St. Clair Shores 48081

Jack T. Pinney, MD —FP
312 Heathermoor
Midland 48640

Steven M. Pollens, MD —FP
117 W. Paterson
Kalamazoo 49007

A. James Potter, MD —OTO
1771 Wells Avenue
Muskegon 48442

Gerald D. Purdy, MD —NPM/PD
252 E. Lovell
Kalamazoo 49007

Bhargavi T. Raiji, MD —R
6203 Covered Wagon Trail
Flint 48504

Abdul Rasheed, MD —OBG
Blue Star Mem. Hwy. Box 191
South Haven 49090

Gerardo D. Reyes, MD —GS/VS
3055 Hallmark Ct.
Saginaw 48603

Todd W. Rich, MD —EM
1559 S. Hill Road
Bloomfield Hills 48013

Jack P. Rock, MD —NS
71 Stanton Lane
Grosse Pte. Farms 48236

Peter J. Rosenbaum, MD —AN
3534 Charter Place
Ann Arbor 48105

Robert W. Rosenbaum, MD—IM/N
Two Hurley Plaza
Flint 48502

David E. Rosman, MD —IM
6777 Maple Rd.
West Bloomfield 48033

Wafie D. Roumayah, MD —CDS/TS
17070 Whitcomb #217
Detroit 48235

Charles K. Safley, MD —ORS
422 W. Fourth St.
Flint 48503

Ajay K. Sangal, MD —IM
1350 Bethune #1207
Detroit 48202

Duane M. Saxton, MD —FP
1989 96th Avenue
Zeeland 49464

Rhett M. Schiffman, MD —IM
Henry Ford Hosp.
Detroit 48202

Richard F. Schultz, MD—IM/PTH
243 W. Broad St.
Chesaning 48616

Janice M. Schwinke, MD—DR/NM
29040 Forest Hill Dr.
Farmington Hills 48018

Edwin E. Searcy, MD —EM/FP
3015 Lindenwood
Dearborn 48126

Seetha Shankaran, MD—PD/NPM
5234 Provincial Drive
Bloomfield Hills 48013

Continued on page 497

KATHARINE S. BROWN
Vice President
Prescott
Ball & Turben
4700 South Hagadorn
Suite 100
East Lansing, MI 48823
(517) 351-6084

. . . Specializing in Pension and Profit Sharing Investments . . . Tax-Free Bonds . . . All Stock . . .

Michigan Board of Medicine is alive and well in Lansing

By Thomas J. DeKornfeld, MD

There has been an increasing number of complaints about frustrating difficulties and delays in getting information from the Board office.

Let me first assure you that the Board *does* have an office in Lansing, in the Bureau of Health Services, in the Department of Licensing and Regulation. Let me explain to you how this office functions and what its duties and responsibilities are. (Let me assure you that we are not insensitive to your concerns and already have taken steps to improve the access problem.)

There are four people in the Board office who are responsible for *all* the manifold day-to-day operation of the Board. The four persons in the office include a supervisor, Ms. Johnson, a Board secretary, Ms. Beasley, a clerk-typist, Ms. Henderson, and a temporary clerk-typist, Ms. Reurink.

The entire licensing function of the Bureau (this includes all health boards, not just medicine) are under the overall supervision of Mr. Herman Fishman and Ms. Marcia Malouin.

Your humble scribe has the title of medical consultant to the Board of Medicine. I am in the Board office four days each week and spend most of my time working on various Board projects and keeping contact with professional organizations, educational institutions, unhappy customers and others.

Doctor DeKornfeld is administrator, Michigan Board of Medicine.

We are very much aware of the access problems and have spent many hours trying to arrive at solutions.

The Board office is responsible for processing professional applications, responding to requests for verification, answering questions from interested parties, listening to complaints, placating angry customers, and maintaining equanimity (i.e. sanity) under circumstances which would make a gibbering maniac of Job.

For openers, let me give you some numbers. Since July 1, 1986, we have issued 1,310 new permanent licenses; renewed about 7,000 permanent licenses; issued or renewed about 2,000 educational limited licenses; verified about 4,000 licenses; prepared Board meetings, agendas, and minutes and answered the telephone 25,000 times.

Permanent licenses are issued either on the basis of examination, or by endorsement from another state. Both require information from the applicant and from any state in which the applicant has been licensed. No license can be issued until *all* information is in hand and all licensing states certify that there is no encumbrance on the license. This may take weeks, and in the case of some states, many weeks.

In addition, a large percentage of the applications received are incomplete. In all of these cases the applicant must be contacted, the deficiency must be corrected and the application must be reviewed again and again, until it is finally deemed complete.

During this time the applicant, the applicant's wife, the applicant's future employer or partner, the applicant's mother, the applicant's best friend, a friendly attorney and the president of the county medical society call to inquire about the status of the application. You may think that this is a gross exaggeration. Actually it is nothing of the sort.

It is not at all unusual at all to receive anywhere from one to 25 calls about a single applicant. This not only ties up the phone lines, but in fact slows down the licensing process, since the time wasted on the telephone could be used much more intelligently in processing applications. We have received calls from applicants quite literally within 24-48 hours after they mailed the application.

Once we do get the application, and assuming the application is complete, the license will be issued within two to four days. The actual, physical issuance of the license is the responsibility of another section in the Depart-

Continued on page 486

FAMOUS PHYSICIANS ARE SHOWING UP FOR OUR 40th YEAR CELEBRATION.

40th YEAR
Postgraduate Medicine
The Journal of Applied Medicine for the Primary Care Physician

Paul P. Griffin, M.D.
Robert G. Petersdorf, M.D.
Eric A. Ravitz, D.O.
J. Jerry Rodos, D.O.
Professor H.E. de Wardener, C.B.E.

Read Every Issue From Cover to Cover:

July
Symposium: Skeletal Problems
Special Article: Orthopedics 1947-1987 .... Paul P. Griffin, M.D.

August
Symposium: Infectious Diseases
Special Article: Infectious Diseases 1947-1987 ...... Robert G. Petersdorf, M.D.

September 1
Symposium: Focus on Osteopathic Medicine .... Eric A. Ravitz, D.O.
Coordinator
Special Article: Osteopathic Medicine 1947-1987 .... J. Jerry Rodos, D.O.

September 15
Symposium: Renal Disease
Special Article: Renal Disease 1947-1987 .... Professor H.E. de Wardener, C.B.E.

40th YEAR
Postgraduate Medicine

Every Issue is a Celebration of Clinical Information

"...ONE WHO STAYS"

A Symposium on the Humanities, Medicine, and AIDS

September 24-26, 1987
Hyatt Regency
Dearborn, Michigan

Sponsored by Flint St. Joseph Hospital-
Michigan State University Family Practice Residency
and The Society of Teachers of Family Medicine

GOAL:
To bring together professionals in the disciplines of the humanities, medicine and social sciences to discuss the impact of AIDS on our society, along with appropriate responses of the medical education community.

OBJECTIVE:
To explore the past through literature, history and art for clues to the feelings and reactions of past generations to their own plagues, then use these insights to inform our current struggles with ourselves and with AIDS.

For more information, write:
. . . One Who Stays
St. Joseph Hospital FHC
302 Kensington Ave.
Flint, Michigan 48502

BOARD OFFICE/Continued

ment and also may take two to three weeks.

The bottom line is that ideally it will take four weeks to get a license, if all goes well.

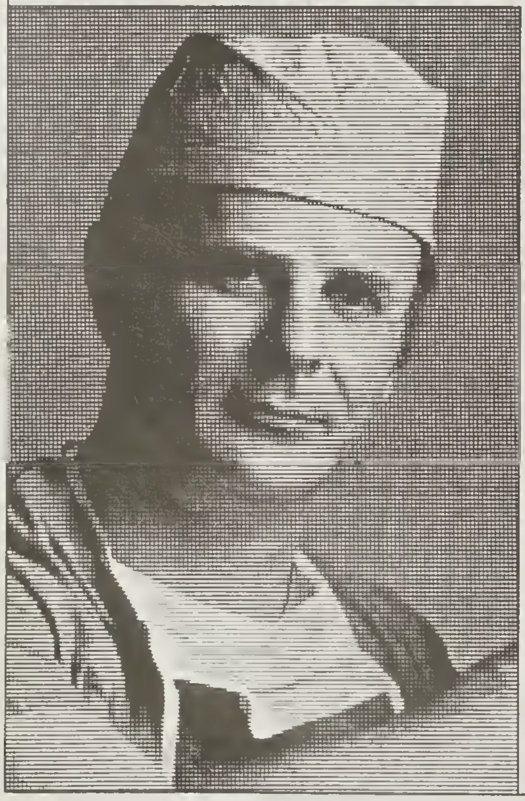
We are very much aware of the access problems and have spent many hours trying to arrive at solutions. We could use more help, but the fiscal and space constraints make this seemingly simple solution impossible. Hence we had to come up with a solution that was within our resources.

The following major step already has been taken and will be implemented as soon as the telephone company can make the necessary changes: We are getting a new telephone system which *never* gives a busy signal. Every caller either will get through to one of three staff persons, or will hear a recorded message saying: "You have reached the Michigan Board of Medicine. All lines are in use. Please hold, and your call will be answered in order of receipt." The system automatically will switch waiting calls to the next free staff person.

A further step is under serious consideration and probably will be implemented, if the above change does not resolve the problem. This step will consist of limiting the telephone access to the Board to the afternoon hours only. Any caller between 8:00 am and 12 noon will hear a recorded message indicating that the call should be placed between 1:00 pm and 5:00 pm. This will allow the staff to get most of their work done in the morning, free from constant interruptions, and concentrate all forces on the telephone in the afternoon. Several sister states, notably California, have introduced this system very successfully.

You, our esteemed and respected public, also can contribute massively to the solution of the access problem. Do not call, unless it is *really* important and please don't call more than once about the same issue. If you have a general question or are bothered by something please drop me a line. I promise that I will respond either by telephone or in writing within a day or two after receipt of your letter.

I want to assure you that the only purpose of existence for the Board office is to serve the public as best we can. We like to issue licenses and we hate to feel that our constituency is displeased with our efforts. We will do everything we can to make a less-than-ideal situation better. With your help we should be successful in this endeavor. ☐



HERE'S ONE DOCTOR WHO WON'T PAY HIS MALPRACTICE PREMIUMS THIS YEAR.

The Army covers his premiums. Since he's an Army Physician, there are a lot of worries associated with private practice that he won't have to contend with. Like excessive paperwork, and the overhead costs incurred in running a private practice.

What he will get is a highly challenging, highly rewarding experience. The Army offers varied assignments, chances to specialize, or further your education, and to work with a team of dedicated health care professionals. Plus a generous benefits package.

If you're interested in practicing high quality health care with a minimum of administrative burdens, examine Army medicine. Talk to your local Army Medical Department Counselor for more information.

(313) 668-2190

ARMY MEDICINE. BE ALL YOU CAN BE.

Deco-Phone
Emergency Call System (ECS) Medical Alert
Voice-A-Matic 100
Servox Electro Larynx
W6T-K-M Amplified Receiver Handset* *Registered trademark of Walker Equipment Corp
SpeechAid* *Registered trademark of Intex Micro Systems Corp
Feature Phone V* *Registered trademark of TeleConcepts, Inc.
Superprint 400 (TDD)
LOVE TO THANKS

We can make it easier for your handicapped patients to use the phone.

If you have patients with special communications needs, have them visit one of Michigan Bell's Telecommunications Quality Centers for the Handicapped. They'll find plenty of state-of-the-art communications products, ranging from large button telephones like Deco-Phone for those with sight or dexterity loss to Electro Larynxes and Telecommunications Devices for the Deaf (TDD), such as the Superprint 400. And, of course, they'll find a trained staff that's ready to help make using the phone as simple and easy as possible.

For more information, call or visit one of our Centers. Each is open Monday through Friday from 8:30 a.m. to 5:00 p.m.

Telecommunications
Quality Center
for the Handicapped

26200 Greenfield
Suite 43
Oak Park, MI 48237
1 800 482-3141 (TDD)
1 800 482-8254 (Voice)

1365 Cass Ave.
Room 102
Detroit, MI 48226
(313) 223-8732
(Voice/TDD)

221 N. Washington
Lansing, MI 48933
1 800 525-7134
(Voice/TDD)

114 North Division
Grand Rapids, MI 49503
1 800 525-9628
(Voice/TDD)

Michigan Bell
AN AMERITECH COMPANY
Helping you communicate℠

Confidential MSMS program reaches impaired physicians

By Sheri W. Greenhoe, managing editor

"Alcoholism and drug addiction are diseases which symptomatically tell the person he or she is not sick," says Gerald Vander Voord, MD. "Pain is the only thing that cracks the shell, gets their attention and gets them in for treatment."

Helping impaired physicians get through that pain and moving toward recovery is Doctor Vander Voord's goal as the first medical director of the MSMS Program to Assist Impaired Physicians. He assumed his responsibilities in April, but says MSMS has "been assisting on a volunteer basis for a long time.

"But as a program, we can put more energy into identifying impaired physicians, getting them treated and tracking them as they go through the rest of their lives. We're advocates for the impaired physician."

Doctor Vander Voord

"With help, most people can go back into what they were trained for: practicing medicine."

Strictly confidential

Alcoholism, drug addiction, mental illness and senility are the targets of the strictly confidential program. "We have several areas we are trying to cover," says Vander Voord. "Helping local medical societies identify impaired physicians, intervening and getting them into treatment, and most important, doing aftercare and follow-up."

Research indicates that physicians have roughly the same incidence of impairment as do others in "high stress" occupations: one in eight. While stress is a major contributor to impairment, heredity is a factor, too. "Alcoholism and drug addiction both tend to have a genetic predisposition," Vander Voord says.

"We have not been able to determine why a person picks one drug over another, but it seems to be a matter of proximity—which one is most available." Vander Voord points out that the rate of incidence of impairment by specialty varies year to year, possibly because of interpretive differences by investigators.

Conspiracy of silence

"Society protects its physicians, often to the point of hurting, rather than helping them," Vander Voord says. Instead of reporting impaired doctors, well-meaning people often 'love them into the grave.'

"Someone associated with the physician must break through their own denial and realize that the problem cannot go uncorrected. That somebody could be a patient, hospital administrator, colleague, spouse or employee. They make a phone call to MSMS and Katie Brewbaker calls one of us to go out and talk to the doctor." The MSMS program then puts the physician in touch with local treatment centers and other resources.

"Impairment is such an easily treatable disease," Vander Voord continues. "Talking is what gets those people better—just plain talking. We may have to change the physician's location or associates temporarily—extract him from the situation. But then, with help, most people can go back into what they were trained for: practicing medicine. That's our goal."☐

MSMS MEETINGS

September

23, MSMS Board of Directors Meeting, MSMS headquarters, East Lansing, contact: William Madigan (517)337-1351.

October

20, County Medical Society Executives Meeting, MSMS headquarters, East Lansing, contact: Kevin Kelly, MSMS headquarters (517)337-1351.

21, 1987 Public Affairs Leadership Conference, Clarion Hotel and Conference Center, Lansing, contact: Sherry Wellman, MSMS headquarters (517)337-1351.

November

18, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517) 337-1351.

MICHIGAN SPECIALTY SOCIETY MEETINGS

August

15-16, Michigan Academy of Family Physicians Congress of Delegates, Grand Traverse Resort Village, Traverse City, contact: Janice Klos, chief executive officer (517) 482-7410.

17-19, Michigan Academy of Family Physicians Annual Meeting, Grand Traverse Resort Village, Traverse City, contact: Janice Klos, chief executive officer (517) 482-7410.

18-21, Michigan Health Officers Association, Annual General Membership Meeting, Grand Traverse Resort Village, Traverse City, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

19-20, Michigan Society of Thoracic Surgeons Meeting, Grand Hotel, Mackinac Island, contact: Rodman E. Taber, MD, secretary (313)567-1640.

21-22, Michigan Ophthalmological Society Meeting, Mackinac Island, contact: Chris Gourdain, Secretary (313)839-3011.

22-24, 28th Congress of the Michigan Association of the Professions: The Homecoming, Grand Hotel, Mackinac Island. Registration information will be sent to members during the early summer.

September

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

October

2, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

November

6, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

NATIONAL SPECIALTY SOCIETIES

August

3-7, American College of Physicians, 35th Annual Internal Medicine Update and Board Review, University of Southern California School of Medicine, Los Angeles, CA, contact: American College of Physicians, 800-523-1546.

6-8, American College of Obstetricians and Gynecologists, Update in Obstetrics, Four Seasons Hotel, Vancouver, BC, Canada, contact: American College of Obstetricians and Gynecologists, (202)638-5577.

13-15, American College of Obstetricians and Gynecologists, Advanced Ultrasound, Silverado NAPA, CA, contact: American College of Obstetricians and Gynecologists, (202)638-5577.

14-17, American Academy of Family Physicians Annual Meeting, San Francisco, contact: Robert Graham, MD, 1740 W. 92nd Street, Kansas City, MO 64114.

17-21, American College of Physicians, 7th Annual Hilton Head Conference: Update on Critical Care Medicine, Hyatt on Hilton Head Island, Hilton Head, SC, contact: American College of Physicians, 800-523-1546.

NATIONAL SPECIALTIES/Continued

17-18, American Academy of Facial, Plastic and Reconstructive Surgery Annual Meeting, Chicago, contact: Lee VanBremen, PhD, 1101 Vermont Avenue, NW, Suite 404, Washington, DC 20005 (202)842-4500.

19-23, American Academy of Otolaryngology, Head and Neck Surgery, Chicago, contact: Jerome C. Goldstein, MD, 1101 Vermont Avenue, NW, Suite 303, Washington, DC 20005 (202)289-4607.

20-22, American College of Obstetricians and Gynecologists, Controversies in Obstetrics and Gynecology, Sonesta Hotel, Portland, ME, contact: American College of Obstetricians and Gynecologists, (202)638-5577.

26-29, American College of Physicians, Treatment of Rheumatic Diseases for the Practicing Intern, University of Ottawa, Ottawa, Ontario, Canada, contact: American College of Physicians 800-523-1546.

28-9/1, American Psychological Association, APA 95th Annual Convention, New York Hilton, New York, NY, contact: American Psychological Association, (202) 955-7705.

September

2-5, American Academy of Pediatrics, Current Concepts in Pediatrics, Sheraton Boston and Towers, Boston, MA, contact: American Academy of Pediatrics 800-433-9016.

9-13, The Change Masters: Focus on Excellence, 14th Annual Meeting and Educational Program of the American Association of Diabetes Educators, Orlando, FL, contact: Betty Lou Mobeck, AADE annual meeting registrar, 500 North Michigan Avenue, Suite 1400, Chicago, IL 60611 (312)661-1700.

11-13, College of American Pathologists, Capitalizing on Education Anatomic Pathology, Quality Assurance, Applications of Microcomputers in the Lab, Hyatt Regency, Cambridge, MA, contact: College of American Pathologists, (312) 966-5700.

13-17, American Academy of Orthopaedic Surgeons, AAOS Summer Institute, Boston, MA, contact: American Academy of Orthopaedic Surgeons, (312)823-7186.

14-17, American Academy of Family Physicians, Annual Scientific Assembly, Moscone Convention Center, San Francisco, CA, contact: American Academy of Family Physicians, 800-821-2512.

17-19, American Academy of Otolaryngic Allergy, Annual Meeting, Chicago Marriott, Chicago, contact: American Academy of Otolarygic Allergy, (202)682-0456.

28-10/2, The American College of Physician Executives, The American Academy of Medical Directors, The Physician in Management Seminar I, Monterey, CA, contact: Sherry Mason, American Academy of Medical Directors, 4830 W. Kennedy Blvd., Suite 648, Tampa, FL 33609 (813)873-2000.

October

8-11, American Society of Internal Medicine Annual Meeting, Atlanta, contact: Joseph P. Boyle, MD, 1101 Vermont Avenue, NW, Suite 500, Washington, DC 20005 (202) 289-1700.

10-14, American Society of Anesthesiologists Annual Meeting, Atlanta, contact: John W. Andes, Executive Secretary, 515 Busse Highway, Park Ridge, IL 60068 (312) 825-5586.

11-16, American College of Surgeons Annual Meeting, San Francisco, contact: Paul A. Ebert, MD, Director, 55 E. Erie Street, Chicago, IL 60611 (312)664-4050.

12-14, American Society for Surgery of the Hand, Industrial Problems of the Upper Extremity in the U.S and Canada, Ann Arbor, contact: Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313) 755-4588.

OTHER MEETINGS

September

24-25, Seventh Annual Conference of the Society of Public Health Education (SOPHE), Amway Grand Plaza, Grand Rapids. contact: Lori Stegmier, Vice President, GLC, SOPHE, Chief Health Educator, Kent County Health Department, Grand Rapids (616) 774-3841.

24-26, One Who Stays: A Symposium on the Humanities, Medicine, and AIDS, contact: Linda Garcia-Shelton, PhD, Associate Professor and Director of Behavioral Science, St. Joseph Hospital—Michigan State University Family Practice Residency, 302 Kensington, Flint 48502 (313)762-8000.

25-27, Michigan Society of Medical Assistants Fall Seminar, Bay Valley Inn, Bay City, contact: Norma Detzler, CMA, 108 West Gier, Lansing 48906.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a contact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

August

7-9, **Diabetes and Endocrinology Update. Location:** Grand Traverse Resort Village, Grand Traverse Village. **Sponsor:** University of Michigan Medical School. **Contact:** Betty Phillips, Office of Continuing Medical Education, Towsley Center, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 7.3 hours Category I Credit.

9-14, **Symposium on Breast Disease: Diagnostic Imaging and Current Management. Location:** Grand Traverse Resort Village, Grand Traverse Village. **Sponsor:** University of Michigan Medical School, Department of Radiology and Office of Continuing Medical Education. **Contact:** Gayle Fox, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Box 0201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 20.3 hours Category I Credit.

10-14, **Mammography Conference. Location:** Grand Traverse Resort Village, Grand Traverse Village. **Sponsor:** University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 20 hours Category I Credit.

14-17, **Thirteenth Annual Mackinac Island Course: Advances in the Management of Infectious Diseases. Location:** Grand Hotel, Mackinac Island. **Sponsor:** University of Michigan Medical School, Division of Infectious Diseases and Department of Internal Medicine. **Contact:** Betty Phillips, Office of Continuing Medical Education, Towsley Center, The University of Michigan Medical School, Box 0201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 10 hours Category I Credit.

31-9/3, **bAdvanced Cardiac Life Support Provider Course. (August 31 and September 2 Recertification Course—8 Category I Credits—4 for BCLS and 4 for ACLS). Location:** Borgess Medical Center, Kalamazoo. **Sponsor:** Southwestern Michigan Area Health Center, Staff and Patient Education Department. **Contact:** Claire A. Zieman, Staff and Patient Education, Borgess Medical Center, 1521 Gull Road, Kalamazoo 49001 (616)383-8320. **Approved for:** 25 Category I Credits (4 for BCLS and 21 for ACLS).

September

10-12, **Advanced Cardiac Life Support (Provider & Recertification) Course. Location:** Gilmore Center of Health Education Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Bronson Life Support Services and Southwestern Michigan Area Health Education Center. **Contact:** Cyndi Kochevar-Bouma, Bronson Life Support Services, Bronson Methodist Hospital, 252 E. Lovell Street, Kalamazoo 49007 (616)383-7576. **Approved for:** Category I Credit: 20 credits for ACLS and 4 credits for BCLS; Recertification—4 credits for ACLS and 5 for BCLS.

10-12, **Head and Neck Oncology Research. Location:** Crystal Gateway Marriott, Arlington, Virginia. **Sponsor:** University of Michigan Medical School. **Contact:** Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 24 hours Category I Credit.

12-16, **Tutorial On Level I Muscle Energy Technique. Location:** Kellogg Center for Continuing Education, Michigan State University, East Lansing 48824. **Sponsor:** Michigan State University College of Osteopathic Medicine. **Contact:** Sandy Kilborn, Director of Continuing Medical Education, Michigan State University, College of Osteopathic Medicine, A306 East Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Hours.

16, **Current Issues in Chemical Dependency. Location:** Saint John Hospital, 22101 Moross Road, Detroit. **Sponsor:** The Continuing Medical Education Committee of Saint John Hospital. **Contact:** Mary Ann Richards, Program Coordinator, Continuing Medical Education, Saint John Hospital, Detroit 48236 (313)343-4000. **Approved for:** 7 hours Category I Credit.

17-19, **10th Annual Seminar in Diagnostic Ultrasound. Loction:** The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0010. **Sponsor:** The University of Michigan Medical School, Department of Radiology. **Contact:** Jolene Glaspie, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0010 (313)763-1400. **Approved for:** 14.1 hours Category I Credit.

18-20, **Tutorial on Level I Myofascial Release Technique. Location:** Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 East Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 24 hours Category I Credit.

19, **Emergency Medicine Oral Boards Preparation Workshop. Location:** St. Mary's Hospital, Saginaw. **Sponsor:** St. Mary's Hospital and Michigan State University College of Osteopathic Medicine. **Contact:** Michigan ACEP, 1305 Abbott Road, Suite 104, East Lansing 48823. **Approved for:** 5 hours Category I Credit.

19, **New Directions in Psychiatry: The Mind, The Body, The Environment. Location:** Sheraton Fashion Square, Saginaw. **Sponsor:** Bay Medical Education. **Contact:** Dodie Roth, Bay Medical Education, 615 Ninth Stret, Bay City 48708 (517)892-1501. **Approved for:** 7 hours Category I Credit.

22, **Client Services through Clinical Excellence. Location:** Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** State Department of Mental Health - Bureau of Clinical and Medical Services, Southwestern Michigan Area Health Education Center, American Osteopathic Association. **Contact:** Deb Willoughby, SMAHEC, 4th Floor Stryker Center, 1521 Gull Road, Kalamazoo 49001 (616)388-7877. **Approved for:** 6 hours Category I Credit.

Continued on next page

CATEGORY I/Continued

24-26, The Grand Rapids 18th Annual International Symposium on Implant Surgery for the Hand, Upper Extremity, and Foot. Location: Blodgett Memorial Medical Center and Amway Grand Plaza Hotel, Grand Rapids. Sponsor: Michigan State University College of Human Medicine, The International Federation of Societies for Surgery of the Hand, The Dissemination of Knowledge Foundation, and Blodgett Memorial Medical Center. Contact: Alfred B. Swanson, MD, Blodgett Professional Building, 1900 Wealthy, S.E., Suite 290, Grand Rapids 49506 (616)774-0440. Approved for: 18 hours Category I Credit.

26-30, Tutorial on Level II Manual Medicine Techniques (Above Diaphragm). Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 40 hours Category I Credit.

October

9, 17th Annual Cardiology Symposium: Rationale for Emergency Intervention in Acute Myocardial Infarction. Location: Kalamazoo Center Hilton Inn. Sponsor: Southwestern Michigan Area Health Education Center, Michigan Academy of Family Physicians, Borgess Cardiovascular Services. Contact: Sharon Nocera, Borgess Cardiovascular Services, 1521 Gull Road, Kalamazoo 49001 (616)383-5930. Approved for: 6.25 hours Category I Credit.

9-11, 38th Annual Meeting, Michigan Chapter American Academy of Pediatrics. Location: Grand Traverse Resort Complex, Traverse City. Sponsor: Michigan Chapter American Academy of Pediatrics. Contact: John H. Romanik, MD, Co-Chairman, 39500 West Ten Mile Road, Novi 48050 (313)478-8040. Approved for: 7 hours Category I Credit.

12-14, Industrial Problems of the Upper Extremity in the US and Canada. Location: Ann Arbor. Sponsor: American Society for Surgery of the Hand. Contact: Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313)755-4588. Approved for: 18 hours Category I Credit.

15-16, Practical Neonatal Neurology. Location: The Towsley Center, The University of Michigan, Ann Arbor. Sponsor: The Office of Continuing Medical Education of the Univesity of Michigan Medical School. Contact: Betty Phillips, Office of Continuing Medical Education, Towsley Center, Box 0201, Ann Arbor 48109-0201, (313)763-1400. Approved for: 12.5 hours Category I Credit.

29-30, Urology Update: 1987. Location: Sheraton Oaks Hotel, Novi. Sponsor: William Beaumont Hospital, Department of Urology, Royal Oak. Contact: Ananias C. Diokno, MD, Chief, Department of Urology, William Beaumont Hospital, Royal Oak 48072 (313) 288-7960. Approved for: 16 hours Category I Credit.

30-11/3, Tutorial on Level II Craniosacral Techniques. Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 40 hours Category I Credit.

21, Thyroid Update. Location: Saint John Hospital, 22101 Moross Road, Detroit. Sponsor: The Continuing Medical Education Committee of Saint John Hospital. Contact: Mary Ann Richards, Program Coordinator, Continuing Medical Education, Saint John Hospital, 22101 Moross Road, Detroit 28236 (313) 343-4000. Approved for: 7 hours Category I Credit.

November

5-7, Advanced Cardiac Life Support (Provider & Recertification) Course. Location: Gilmore Center of Health Education Bronson Methodist Hospital, Kalamazoo. Sponsor: Bronson Life Support Services and Southwestern Michigan Area Health Education Center. Contact: Cyndi Kochevar-Bouma, Bronson Life Support Services, Bronson Methodist Hospital, 252 E. Lovell Street, Kalamazoo 49007 (616)383-7576. Approved for: Category I Credit: 20 credits for ACLS and 6 credits for BCLS; Recertification-4 credits for ACLS and 5 for BCLS.

7, Thirteenth Annual Symposium: Insight and the Analytic Relationship. Location: Michigan Inn, Southfield. Sponsor: The Michigan Psychoanalytic Society. Contact: Robert Hatcher, PhD, The Michigan Psychoanalytic Society, 16310 West Twelve Mile Road, Suite 204, Southfield 48076 (313)557-8633. Approved for: 6 hours Category I Credit.

10-12, 1987 MSMS Annual Scientific Meeting. Location: Hyatt Regency Dearborn. Sponsor: MSMS and cooperating specialty societies, sections, medical school departments and hospitals. Contact: Sherry L. Fent, Chief, Physician Education, MSMS, P.O. Box 950, East Lansing, 48826-0950 (517)337-1351. Approved for: a maximum of 18 Category I Credit hours for the three day conference.

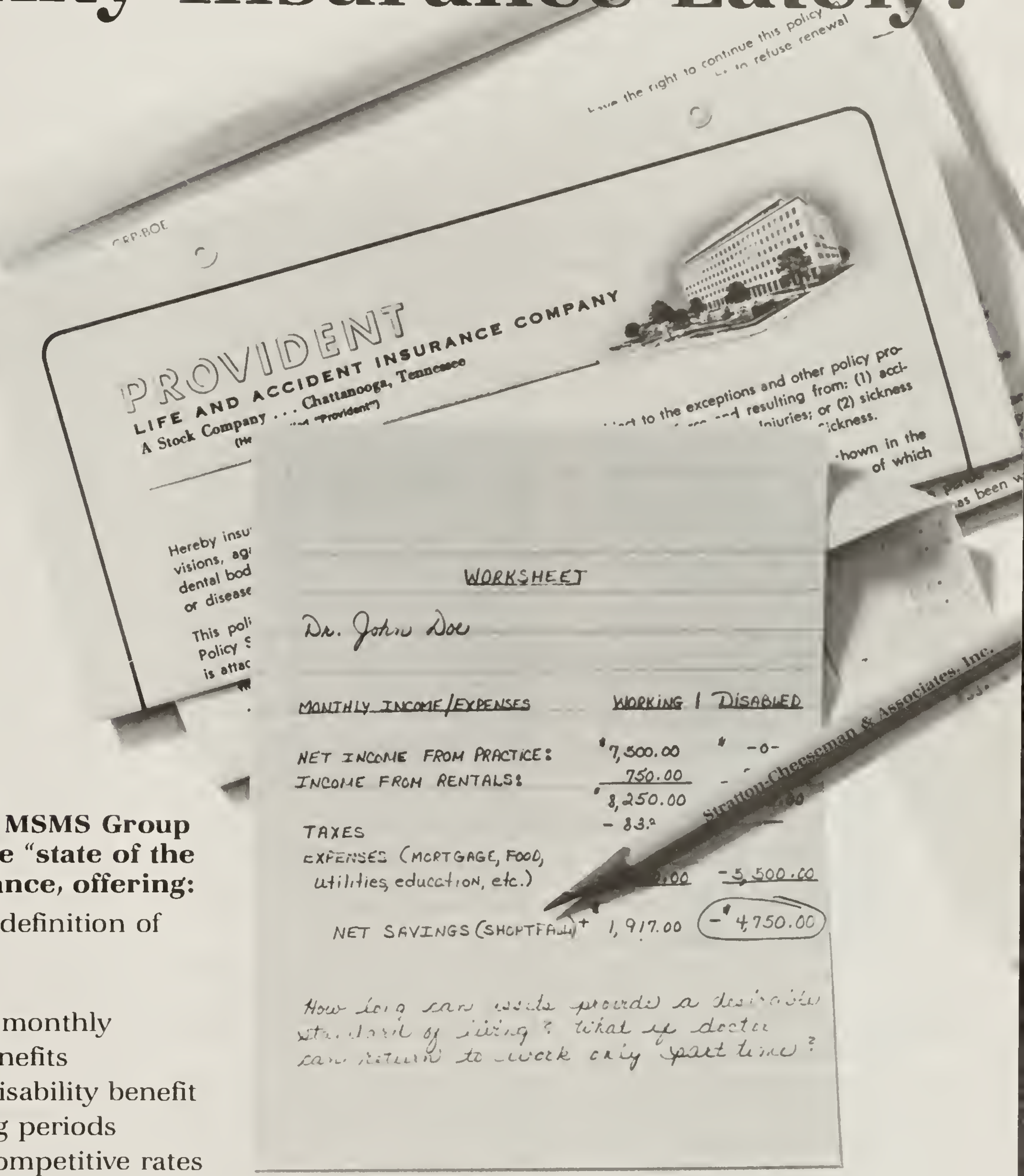
20-22, Tutorial on Manual Medicine Techniques Applied to the Extremities. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 24 hours Category I Credit.

30-12/3, Advanced Cardiac Life Support Provider Course. (November 30 and December 2 Recertification Course—8 Category I Credits—4 for BCLS and 4 for ACLS). Location: Borgess Medical Center, Kalamazoo. Sponsor: Southwestern Michigan Area Health Center, Staff and Patient Education Department. Contact: Claire A. Zieman, Staff and Patient Education, Borgess Medical Center, 1521 Gull Road, Kalamazoo 49001 (616)383-8320. Approved for: 25 Category I Credits (4 for BCLS and 21 for ACLS).

December

14-18, Principles of Manual Medicine. Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine and The North American Academy of Manipulative Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 40 hours Category I Credit.

Have You Reviewed YOUR Disability Insurance Lately?


PROVIDENT
LIFE AND ACCIDENT INSURANCE COMPANY
A Stock Company . . . Chattanooga, Tennessee
Stratton-Cheeseman & Associates, Inc.

WORKSHEET

Dr. John Doe

MONTHLY INCOME/EXPENSES	WORKING	DISABLED
NET INCOME FROM PRACTICE:	$7,500.00	$ -0-
INCOME FROM RENTALS:	750.00	
	$8,250.00	
TAXES	- 83	
EXPENSES (MORTGAGE, FOOD, utilities, education, etc.)	.00	-5,500.00
NET SAVINGS (SHORTFALL)	+1,917.00	-$4,750.00

How long can assets provide a desirable standard of living? What if doctor can return to work only part time?

The new, improved MSMS Group Disability plan is the "state of the art" in group insurance, offering:

"Your own specialty" definition of disability
Lifetime benefits
Benefits up to $2,500 monthly
Residual disability benefits
Waiver of premium disability benefit
30 and 90 day waiting periods
Quality coverage at competitive rates
Conversion guarantee

Call or write us today for a review of your coverage and further information about our plans!

This plan is underwritten by Provident Life & Accident Insurance Company, Chattanooga, Tennessee.

Stratton-Cheeseman & Associates, Inc.

1305 Abbott Road
P.O. Box 1563
East Lansing, Michigan 48823
Call Toll Free: 1-800-292-1926

The rate for each classified advertisement in *Michigan Medicine* is 40¢ per word, with a minimum charge of $20.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

MONROE, MICHIGAN Seeking full time emergency department physicians for 193 bed hospital located 30 miles south of Detroit. Approximately 23,000 patients seen annually. Must be Board eligible or Board certified in primary specialty or emergency medicine. Excellent compensation and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770, 1-800-253-7092 or in Michigan 1-800-632-9650.

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST
Offering Retirement Plans:

- **Goal & Risk Analysis**
- **Portfolio Management**
- **Ongoing Portfolio Evaluation**

Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084

(313) 649-5700
(MI) 1-800-323-8073

- A full range investments firm, established 1865.

MICHIGAN: Emergency Department Directorships, full time and part time opportunities available throughout the state. Rural and urban locations. Guaranteed hourly rate and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770, 1-800-253-7092 or in Michigan 1-800-632-9650.

ORTHOPEDIC SURGERY opportunities throughout the Midwest and Colorado. These positions offer both general orthopedic practices, along with subspecialized training. Partnership and group settings. Contact: Jean Malkasian, 250 Regency Ct., Waukesha, WI 53186, (414)785-6500 (collect).

ANESTHESIOLOGIST — UNIVERSITY TRAINED Board eligible, experience in academic and private practice, all sub-specialties except pain, available as locum, part time and full time. Please respond to Box 106, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

FAMILY PRACTITIONER full time community Health Center needed to start August 1987, but would consider later availability. Salary, perks, negotiable. Send CV to: C. W. Aldridge, MD, Medical Director, Neighborhood Health Services, 550 Cherry SE, Grand Rapids 49503. Phone (616)454-5212.

FAMILY PHYSICIAN to join 4 physicians group in northeast Grand Rapids replacing retiring member. Excellent established practice. Obstetrics optional. Call John P. Newton, MD, Plainfield Medical Center. (616)364-7015 (office) or (616)361-6431 (home).

HENRY FORD MEDICAL CENTER—FAIRLANE'S expanding full service medical emergency room seeking additional emergency room physician. 1986 volume 47,000. Must know pediatrics, ACLS and ATLS certified. Send CV to: Michael E. Somand, MD, Medical Director, Henry Ford Medical Center, 19401 Hubbard Drive, Dearborn 48126.

FAMILY PRACTICE Bernie Hoffmann Associates, Inc., a Healthcare Management Consulting firm seeks a board eligible or certified Family Practitioner to join in a private, partnership or group practice arrangement with our client hospital. A dynamic college-town atmosphere, with numerous inland lakes located close to Ann Arbor, Michigan awaits the physician with strong clinical and entrepreneurial skills. Salary is commensurate with experience and coupled to an excellent benefits portfolio including fully paid liability coverage. Please forward your CV or, for more information contact: Jim Lucas, Associate, Bernie Hoffman Associates, Inc., 20755 Greenfield, Suite 601, Southfield 48075-5403.

WESTERN MICHIGAN Opportunities for Family Practice, Internal Medicine, and Pediatrics to join established small to large group practices serving fee-for-service and HMO patients in an active medical community with two medical centers. Urban and rural areas available offering the advantages of a small city with recreational and housing opportunities in an economically strong climate. Submit Cirriculum Vitae to Don Johnson, MD, Medical Director, Health Circle, 3624 S. Westnedge, Kalamazoo 49008.

DERMATOLOGY—Opportunities throughout the Midwest and Pennsylvania. These positions offer both general practice along with subspecialized training. Excellent guarantees. Partnership, group, and solo positions available. Contact: Jean Malkasian, 250 Regency Court, Waukesha, WI 53186, (414)785-6500 (collect).

ANESTHESIOLOGISTS WANTED to join Central Wisconsin Anesthesiology, SC which consists of four established, hospital-based anesthesiologists. All specialities are served including open heart, neuro, obstetrics, and gynecology. If interested, phone (715)845-5505 or write to: Central Wisconsin Anesthesiology, SC, 425 Pine Ridge Boulevard, Suite 207, Wausau, WI 54401.

140 BED JCAH ACCREDITED ADULT PSYCHIATRIC HOSPITAL in beautiful Traverse City seeks a qualified psychiatrist for immediate full time salaried employment. Traverse City Regional Psychiatric Hospital is a Michigan Department of Mental Health facility and equal opportunity employer that provides a full package of benefits with employment. Michigan licensure required. If interested, please contact G. Robert Miller, MD, by writing Traverse City Regional Psychiatric Hospital, Traverse City 49684, or calling (616)922-5282.

LIFELINE: A nationwide provider of Inpatient Chemical Dependency Programs is seeking part time, Michigan licensed, board certified psychiatrists for the Lifeline program at Kern Hospital in Detroit. The candidates should have knowledge of chemical dependency and possess psychotherapeutic skills. Salary commensurate with experience. Forward resume to: Larry Kroll, MD, 5225 Old Orchard Road, Suite 3, Skokie, IL 60077 or call (312)470-8527.

MINNEAPOLIS—SEEKS BC/BE ASSOCIATES in adult psychiatry, cardiology, family practice, internal medicine and obstetrics and gynecology. Practice quality medicine in a prepaid multispecialty setting located in one of America's leading metropolitan areas. Comprehensive benefits, excellent facilities, flexible compensation programs. For further information about joining the Group Health medical staff, call Jerry Hess at (612)623-8444 or write to: Group Health, Inc., Attn: Jerry Hess, 2829 University Avenue, SE, Minneapolis, MN 55414.

IMMEDIATE OPENING FOR: Family Practitioner or Internist. Full or part time. Maybe semi-retired for physicians office in the Southfield, Lathrup Area. Call Richard Corey, Administrator (313)557-2155.

FAMILY PRACTICE PHYSICIAN BC/BE: wanted to join busy four man group in beautiful northeastern Michigan on Lake Huron. City/township population of 22,000, service area populaton 64,000. Exceptional summer and winter recreation area: sailing, scuba diving, boating, fishing, hunting, skiing, golf. Excellent opportunity, salary, benefits, partnership after one year. Contact: William Ray, Director, Medical Arts Clinic, PC, 211 Long Rapids Road, Alpena 49707. (517)354-2142.

PACIFIC NORTHWEST. Practice opportunities with the Wenatchee Valley Clinic. Situated on the Columbia River in the foothills of the Cascade Mountains, the Wenatchee Valley Clinic is a multispecialty medical group of 105 physicians with seven satellite locations. Currently we are seeking the following physicians to join our main facility in Wenatchee: Pediatrician, Allergist, Nephrologist, General Internist and Psychiatrist. Excellent compensation and benefit packages are available. Wenatchee provides a high quality of life for those interested in an abundance of recreational opportunities in a family oriented rural setting. If interested, send your CV to Gerald Gibbons, MD, Medical Director, Wenatchee Valley Clinic, 820 North Chelan Avenue, Wenatchee, Washington 98801 or call (509)663-8711 ext. 205.

FAMILY PRACTITIONER Marshfield Clinic—Durand Center is seeking a board certified/board eligible family practitioner to join another family practitioner in an established office based practice in Durand, Wisconsin. Durand offers a rural location with abundant outdoor recreational opportunities located in scenic western Wisconsin. The Durand Center offers the family practitioner the autonomy of a private, primary care practice plus the financial and professional resources of Marshfield Clinic, a 250-physician multi-specialty group. This physician would enjoy full hospital privileges at the local hospital in Durand. Excellent salary and fringe benefits. Please send curriculum vitae to: Robert Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449 or you may call collect at (715)387-5498.

FAMILY PRACTITIONER Board certified or eligible to join 11 physician, expanding multispecialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four year college. Excellent salary and benefits. Call collect (715)532-6651 or send curriculum vitae with names of references to: John Smylie, Administrator, Marshfield Clinic, Ladysmith Center, 906 College Avenue W., Ladysmith, WI 54848.

GULF COAST BEAUTIFUL MOBILE BAY AREA-substantial guaranteed income with time to enjoy sunbelt lifestyle. BE/BC—family physicians, IM, or EM to join medical group with multiple urgent care/family practice clinics. Contact: Ms. Vogel, 1168 S. Beltline Highway, Mobile, Alabama 36609 (205)343-5263.

ORTHOPEDIC SURGEON An excellent opportunity for an orthopedic surgeon to join a single specialty four man group that is expanding. Prefer hand or spine fellowship training but will consider general orthopedist. Clinic located within new 300 bed hospital complex. Community offers educational and recreational opportunities. Guaranteed salary and excellent fringe benefits. Send curriculum vitae and letter of inquiry to: Clinic Coordinator, Bone & Joint Clinic, SC, 425 Pine Ridge Blvd., Suite 300, Wausau, WI 54401 (715)842-3202.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/GYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

GENERAL SURGEON/COLO-RECTAL MD or DO for busy, out-patient proctology/general surgery practice. Excellent opportunity for future independence and freedom. Franchise concept. Must explore. Send resume to: Hemorrhoid Clinics of America, 22000 Greenfield Road, Oak Park 48237, or call (313)967-4140.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well equipped 77 bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time.

Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

MISCELLANEOUS

HOLTER MONITOR— Quality scanning for reel or cassette records by a company in the medical field for over twenty years. QUALITY REPORTS BY QUALIFIED TECHNICIANS and certified cardiologists returns in 24 hours. Recorders loaned, leased or purchase new dual channel holter recorder, $995, with one year warranty. For further information call Advance Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new dual channel (cassette) recorder for as little as $48.00 per month. $35.00 for reports. DCG Interpretation. (313)879-8860.

LEASE HOLTER RECORDERS or other medical equipment. Medical Leasing Company. (313) 879-8860.

PHYSICIAN SIGNATURE LOANS TO $50,000. Up to 7 years to repay. No prepayment penalties. Prompt, courteous service. Competitive fixed rate. Physicians Service Association, Atlanta, GA. Toll-free (800)241-6905.

SOLO GYNECOLOGY PRACTICE FOR SALE. This solo gynecology practice has done no obstetrics for ten years. In the past six years (1981 through 1986) actual business was 2.72 million dollars and actual money collected was 2.49 million dollars. Mid Michigan community with excellent hospital (one), schools, parks, churches, colleges and golf courses. Ann Arbor and East Lansing are nearby. An experienced and superbly qualified team (certified registered nurse practitioner, registered nurse, master word processor and a receptionist) is willing to stay on. Owner will transmit clinical skills and introduce buyer to patients. Please reply to Box 101, Michigan Medicine, PO Box 950, East Lansing 49926-0950.

FOR SALE: INTERNAL MEDICINE PRACTICE located in prosperous community within easy travel of Flint, Detroit, Ann Arbor, Lansing. Patient mixture comprised of 75 percent female. Sale of practice to include all office equipment. Write: ICDA, PO Box 6366, Saginaw 48608 or call Linkage Enterprises (517)799-0125 and ask for Mr. Ferris Finerty.

APPRAISAL SERVICE FOR THE PROFESSIONAL. Medical and office equipment for physicians offices, nursing homes, hospitals and clinics. 20 years experience. Business valuations also available. No sales. Call or write Schrader Companies, 1108 S. Water, PO Box 3205, Saginaw 48605. (517) 752-0800.

FULL X-RAY OFFICE consisting of two diagnostic rooms, one fluoroscopic, both certified by the State. In excellent working condition, only 12 years old, for immediate sale. Includes processor and accessories. Price $45,000.00. Personal inspection is most welcome. Call (313)358-3410.

LUCRATIVE SOLO PSYCHIATRIC PRACTICE for sale in St. Clair Shores, Michigan. Possible financing available. Call Commonwealth Health Care Group, Inc. (313)548-9900

50% OFF PREVIOUSLY OWNED MEDICAL laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Medical Equipment Resale and Repair Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

APPRAISALS AVAILABLE by Certified Surgical Consultant; practice sales, retirement, taxes, inventory, divorces. Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

FOR SALE—OFFICE FOR FAMILY PRACTICE with equipment, furniture, and patient records. Doctor retiring. Location near hospital facilities in rural area in Monroe County. Call (313)241-6036 or write in care of Box 187, Maybee 48159.

GENERAL PRACTICES Suburban area. OB/GYN practice, Macomb County. Two internal medicine practices, Bay City and Redford. Surgical practice, St. Clair Shores. Pediatric practice, Traverse City. Psychiatric practice, lucrative solo, St. Clair Shores. Gastroenterology practice, N. Oakland County. OPC provider number, Southfield. Womens clinic, Detroit. For more information call Lyndia Sikora, Commonwealth Health Care Group. (313)548-9900.

Continued on next page

CLASSIFIED/Continued

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback Nursing Homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group, Inc., (313)548-9900.

PRACTICE APPRAISALS AND EVALUATIONS Protect your interests before you buy or sell a practice call us! We specialize in determining the value of your practice for any purpose—sale, purchase, buying, divorce, partnership development, buyout and practice management. Call Richard Corey, CDC, 31158 Perrys Crossings, Farmington Hills 48018. (313)661-0888.

LANSING AREA RIVERFRONT—beautiful secluded wooded bluff overlooking the Grand River, one mile west of Lansing; includes stream, meadowland. Zoned low-density residential. Holt-Dimondale school district. 4.5 acres. $35,000. (517)332-4070 day/372-0982 day, eve. or write: F. L. McLaughlin, 340 Northlawn, East Lansing 48823.

LONG ESTABLISHED ACTIVE PEDIATRICS & ADOLESCENT Medicine Practice located in attractive professional building—close to busy shopping center—12 mile near Northwestern Highway. Grossing Income, "$450,000." Modern, colorful, well equipped office. New patients 10-15 per month—OB/Patient referrals. Doctor Retiring—Smooth Transition. TERMS!!! Call Herbert Silverman, Associate Broker (313)569-7336, Professional Practice Sale, Inc., 27208 Southfield, Lathrup Village 48076.

DISCOUNT HOLTER SCANNING SERVICE Scanning starts at $35.00. Spacelab Holters available at $1,275.00. Turnover time is 24-48 hour. Hook up kits available at $4.95. Stress test electrodes available at $.29. Scanning paper available at $18.95. One free test is offered at no obligation on trial basis. Blood pressure monitoring service will be available in eight weeks and our prices start at $75.00 per test. Cardio Care, Inc., LaPlata Professional Center, PO Box 1528, LaPlata, Maryland 20646.

DELTA TOWNSHIP (LANSING WEST SIDE) modern professional office with ample parking. 1-2000 square feet. Very reasonable lease. (517)323-3716 or (517)321-5976.

SOUTH CENTRAL MICHIGAN Ophthalmology —2 offices/established 15 years—$75,000 cash deposits in April—New laser—Easy budget terms. Call Herb Silverman, Associate Broker—Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

GROSSE POINTE WOODS Doctor retiring—Excellent location—Good patient referrals—Equipment modern and qualified. Hospital Privileges—Excellent office management. Good terms! Call Herbert Silverman, Associate Broker, Professional Practice Sales, Inc., (313)569-7336, 27208 Southfield Road, Lathrup Village 48076.

LINCOLN PARK Retiring—Established 35 years—located in a favorable residential area—bus transportation—good parking—fully equipped—net $79,000 plus—great referrals—patient base constantly growing. Great terms—pay for practice out of profits. Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

MT. PLEASANT Excellent opportunity—Netting $14,000 monthly—college town provides good solid patient load, location in modern professional plaza—shopping mall nearby—qualified and varied equipment, 3-exam rooms, lab, minor in-office surgery—privileges at local hospital. Call Herbert Silverman, Associate Broker (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

OAK PARK Doctor Leaving State—established general practice ideal starter/merger opportunity—well equipped several exam rooms—pleasant surroundings—busy intersection—good patient load—growth opportunity terms "easy." Call Herbert Silverman, Associate Broker (313)569-7336—Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

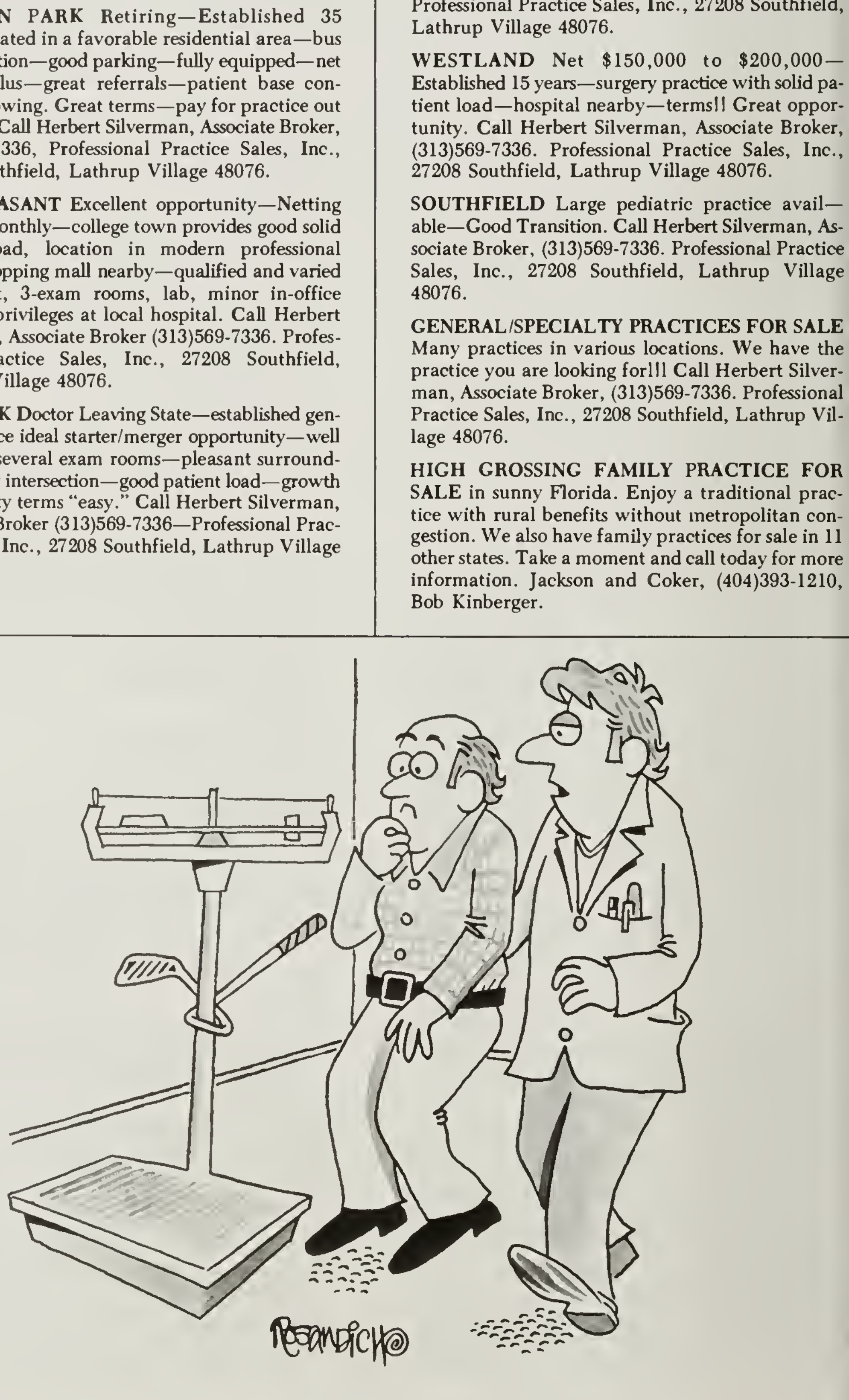
UTICA Grossing up to $311,000—General practice—prime location. Excellent equipment—including auto processor, X-ray, lab, nuclear—Beaumont Hospital nearby—Easy Terms!! Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

WESTLAND Net $150,000 to $200,000—Established 15 years—surgery practice with solid patient load—hospital nearby—terms!! Great opportunity. Call Herbert Silverman, Associate Broker, (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

SOUTHFIELD Large pediatric practice available—Good Transition. Call Herbert Silverman, Associate Broker, (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

GENERAL/SPECIALTY PRACTICES FOR SALE Many practices in various locations. We have the practice you are looking for!!! Call Herbert Silverman, Associate Broker, (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076.

HIGH GROSSING FAMILY PRACTICE FOR SALE in sunny Florida. Enjoy a traditional practice with rural benefits without metropolitan congestion. We also have family practices for sale in 11 other states. Take a moment and call today for more information. Jackson and Coker, (404)393-1210, Bob Kinberger.



"Okay, first we'll weigh you..."

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6100

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI
48033
313/851-3058

— Since 1968 —

COMPASSION/Continued

what to do." I was wrong. He is a special person who is credible, honest and caring, and he won the respect of all those with whom he negotiated. Please find a way to use his special talents again.

The Medical Society and its members are only one set of players in this liability dilemma, and we cannot solve it alone. We need sincere cooperation from the hospitals, the insurance carriers, and last but certainly not least, the trial lawyers. Even then we can only offer advice and propose solutions. Ultimately it will be up to our elected officials in Lansing to end this crisis.

If we are all willing to bring love and compassion back to the forefront in honest and forthright deliberations, an equitable solution will be found. □

NEW MEMBERS/Continued

Shobha R. Sharma, MD —OBG
29200 Schoolcraft
Livonia 48154

William E. Siebert, MD —ORS
20319 Farmington Rd. Bldg. E
Livonia 48152

Michael A. Sills, MD —IM
30100 Telegraph Rd. #177
Birmingham 48010

Mark J. Skalski, MD —IM
8685 W. Grand River #1
Brighton 48116

Margaret S. Skiles, MD —PS
16 E. Emmett Street
Battle Creek 49017

Robert A. Starr, MD —OBG
1200 E. University #2
Ann Arbor 48104

Susan P. Steigerwalt, MD—IM/NEP
30701 Nandosa Court
Southfield 48076

James C. Sunstrum, MD —IM/ID
22804 Marlboro
Dearborn 48128

William C. Thompson, III, MD
—DR/NM
1425 Parklane Towers, W.
Dearborn 48126

Kirk D. Tyler, MD —OBG
965 S. Bailey Ave., #6
South Haven 49090

Babu R. Vemuri, MD —DR
4089 Chesire Ct.
Bloomfield Hills 48013

Paul T. Von Oeyen, MD —OBG
3601 W. 13 Mile Rd.
Royal Oak 48072

William M. Walker, MD —AN
4261 Lakeridge Ct.
Bloomfield Hills 48013

Lawrence C. Whiting, MD —FP
4672 Hill Street
Cass City 48762

Catherine L. Williams, MD —FP
P.O. Box 88
Spalding 49886

Rebecca J. Williams, MD —OBG
675 Pallister
Detroit 48202

Henry J. Winkler, MD —GP
16217 Eleven Mile Rd.
Roseville 48066

Karol Zakalik, MD —NS/PDS
4160 John R #1031
Detroit 48201

Mary Zakelj, MD —PD
41188 N. Woodward Drive
Belleville 48111 □

What's happened to compassion?

By Carl A. Gagliardi, MD

I was the eighth of nine children born to Italian immigrant parents. When the stock market crashed in 1929, I was nine years old, my father already had been dead for five years, and my mother had been too busy raising children to have time to learn English. My family lived in a neighborhood that would be labelled "lower socioeconomic" in 80's terminology. We called it "poor."

Our neighbors, like us, were impoverished, but I remember sharing food, clothing and coal with one another. "Beggars" would come to the back door asking for food. Others, not yet downtrodden, wanted to do odd jobs in return for a meal.

So many people were out of work — there weren't enough odd jobs to go around. Never mind! The wonderful women in my neighborhood escorted the hungry caller into the family kitchen, supplied a clean dish with some nourishment and offered encouragement about better times ahead. These "beggars" were gentlemen; there was no fear of being robbed, raped or beaten.

When someone stumbled and fell on the sidewalk or on your front steps, more than likely that person would offer to help repair any defect so that no one else would be hurt in a similar fall. Not so today! Instead he or she would heed the TV lawyer who hawks, "If you are injured, contact me, and I'll see how much you can get out of it. Of course, you don't owe me anything unless we collect."

Doctor Gagliardi

A lawsuit is born

Such offers are too tempting to resist, and thus a new lawsuit is born. It matters not how minor the injury may be, or indeed if there is any real injury at all. Likewise, it matters not if the individual was careless or clumsy and could have avoided the accident altogether.

These nostalgic thoughts came to me while I was sitting on a panel that was considering the infant mortality figures for Michigan. The figures are a disgrace, and there is little chance they'll improve (despite the expenditure of vast sums of money) until early and continuing, compassionate, quality medical care becomes available to every pregnant woman.

This problem is especially acute in Wayne County, especially in inner-city Detroit. In 1980 there were 30 physicians in or near the medical center who were delivering babies. Today there are five, and I understand that there will be only four left by the time this reaches print. The large numbers of babies who die from the complications of prematurity and other high risk conditions, as well as those who survive with varying degrees of mental and physical handicap, deserve better.

What has happened to the other 25 or 26 physicians? Some have decided on early retirement, others have simply stopped accepting obstetrical cases and some have moved to other states. We are talking about physicians who have cared for large numbers of Medicaid patients at considerable sacrifice, but they cannot afford to do so any longer.

I mentioned beggars earlier. Now it's my turn to be the beggar. I beg Governor Blanchard to act now to reverse this terrible trend, and to order the legislature to come up with a viable solution, one that will be fair and equitable to all parties to the crisis. We don't want to follow the disastrous path that Florida has taken, one that has been likened unto Beirut.

A stroke of genius

Mr. Governor, you showed a stroke of genius when you appointed Professor Robben Fleming to be your special fact-finder on liability. Initially, in a moment of cynicism, I thought, "Just another lawyer to tell us

Continued on page 497

MICHIGAN MEDICINE

AUGUST 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86, NO. 8

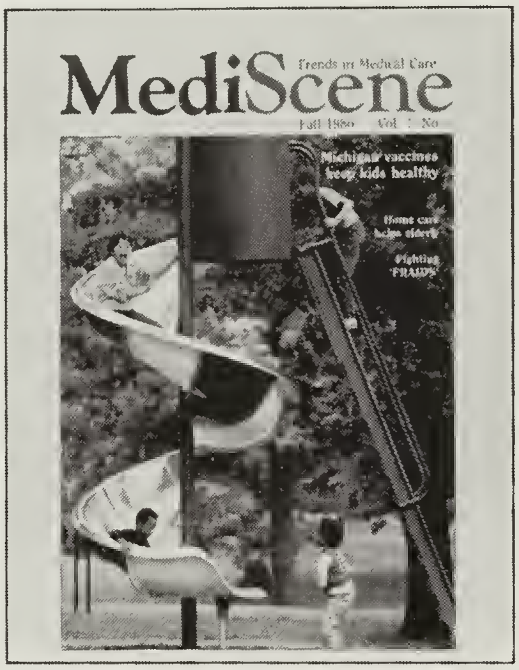
RENT

Michigan medicine
UCSF LIBRARY
Received on: 09-11-87

Special history issue

191 00000000000 123187
UNIV CALIF SAN FRANCISCO
ACQUISITIONS DIV.
THE LIBRARY
SAN FRANCISCO, CA 94143

This magazine is filled with information about Health and Medical Care.



Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away—by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four! Send me ___ subscriptions at $9.95 ea. (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea. (11 or more subscriptions). Enclosed is my check for ________.

NAME ______________________
ADDRESS ______________________
CITY ______________________
STATE ______________ ZIP ________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A, D, DIA, END, NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

MICHIGAN MEDICINE

AUGUST 1987 VOL 86 NO 8

Special Report

Michigan's medical history — "The entire world owes a great debt to Michigan medical giants and innovators," one of this month's authors reminds us. In honor of this sesquicentennial year, *Michigan Medicine* recalls some of those physician innovators including William Beaumont, MD, Thomas Francis, Jr., MD, and the Walkers as remembered by Frank B. Walker, MD, current head of Michigan's AMA Delegation. Another article describes how organized medicine was nurtured to adulthood here. Our Special Report closes with an eloquent summary and a look toward the next 150 years. 503

Features

A closer look at 1,137 liability cases
A summary of MPMLC's 1986 experience —
By Jay K. Harness, MD 522

The changing profile of MSMS membership
Member surveys are rolling in — here's a glimpse 526

Michigan doctors recovering in AA
A celebration of sobriety is planned —
By Gerald Vander Voord, MD 531

Supreme Court supports arbitration statute
Michigan physicians will benefit from the decision —
By Richard D. Weber 532

"Listen, learn and lead" lessons of candidate school
A doctor prepares to run for public office —
By Charles C. Vincent, MD 538

Claims-made vs. occurrence insurance policies
A discussion of the pros and cons of both —
By Herman Coleman 543

Survey shows journal is well read
Michigan Medicine was one of 11 books studied —
By Judy Marr 548

Medical Billing Service gains MSMS endorsement
Here's a rundown of their capabilities —
By Sheri W. Greenhoe 553

The case of the tired house officer
There are serious implications to this situation —
By Thomas J. DeKornfeld, MD 561

Board of Medicine actions 562

MEDICINE
Special history issue

Departments

In my opinion
Keep singin' the Blues —
By Richard L. Rapport, MD 500

Letters 501

Physicians in the news 536

Deaths 550

Medical newsfronts 556

New members 564

Category I courses 569

Meetings 571

Classified 573

President's page
Three down and nine to go
By Carl A. Gagliardi, MD 576

In next month's issue of *Michigan Medicine:* Complete details of the upcoming 1987 MSMS Annual Scientific Meeting.

Cover photo by Kim Kauffman.

Keep singin' the Blues

By Richard L. Rapport, MD

Blue Shield was established and operated by doctors until it was reorganized into Blue Cross and Blue Shield of Michigan in 1973. PA 350 of 1985 directed that at least 51 percent of the membership of the BCBSM board of directors be consumers. As a result, there are only eight "providers" (two MDs, one DO, two hospital administrators, one nurse, one pharmacist and one dentist) among the 35 board members. The provider representatives, along with two consumer advocates (a lawyer and a representative of labor), form the Provider Relations Committee, the Board subcommittee which deals with all matters concerning provider groups.

Although an antagonistic relationship developed between physicians and the Blues as the above metamorphosis occurred, recent actions of the Blues will hopefully lead to a happier marriage. For example, Michigan physicians long have believed that BCBSM reimbursement to physicians in neighboring states is much higher than that in Michigan. The Blues recently reacted to this by initiating a study to compare fees, utilization rates and insurance rates. We are told they will release results at an early date.

A second positive step has been a study designed to modify and revamp the heretofore-ineffective BCBSM field representative system.

In addition, communications between the Blues and organized medicine have greatly improved in recent years. One-on-one communications between doctor and the Blues, long in need of attention, is currently being addressed.

Finally, on June 10, the Board of Directors adopted the following professional reimbursement update adjustments for implementations in September 1987: 1) limit the maximum screen increase in the outstate region (Area I) to 5.5 percent; 2) limit the maximum screen increase in Southeastern Michigan (Area II) to 7.5 percent; this will reduce the differential in maximum screens between the outstate region and Southeastern Michigan from 6.4 percent to 4.4 percent.

One of the problems resulting from changes in Board structure is that recommendations from the Provider Relations Committee are not channeled directly to the

Continued on page 502

Doctor Rapport is a member of the MSMS Board of Directors.

Michigan State Medical Society
Bruce W. Ambrose,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Managing Editor
Sheri W. Greenhoe

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Sheri W. Greenhoe and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Oppy fan

This letter was received by MSMS Executive Director, Bruce Ambrose regarding Plessner Memorial Awardee Charles Oppy, MD, Roscommon:

Words fail to express the love, admiration and respect we have for Doctor Oppy who is retiring in July.

He cared. His dedication to all patients will be greatly missed. Thank God for having had Doctor Oppy so long.

Hopefully he will enjoy his retirement, good health and happiness.

Effie Mae Brazas
Houghton Lake

Liability progress

The following letter was received by Dick Campau concerning the MSMS Liability Task Force:

Thanks again for inviting me to attend the meeting of the Liability Task Force. You are a group of very interested, energetic and effective people. I'm more encouraged about our future now that I've seen this group in action. The drive to Lansing was very worthwhile.

Best of luck in future dealings with this issue. We in Kalamazoo will sure try to help. Thanks again for including me.

John R. Cooley, MD, FACOG
Kalamazoo

Premarital testing

My letter is in reference to the article in *Michigan Medicine,* April 1987 page 230, titled, *Update: Premarital Testing.*

I find this brief paragraph on a most important subject extremely disappointing. When the "state law permits the Department of Public Health to develop rules, which designate other sexually transmitted diseases for which premarital testing reporting may be required," I find this archaic definition that you are adhering to for venereal diseases ludricrous, at best. Gonorrhea is an uncommon infection in our practice, although I do think it's necessary to continue testing for it. The other diseases listed are museum pieces, at best. To avoid the issue of herpes, chlamydia and AIDS (as if they don't exist) shows lack of attention, interest and intestinal fortitude.

I find it very depressing that the leaders of our Medical Societies and our Public Health Departments are not pushing for a more progressive program to identify, curtail and hopefully eliminate the incidence of these exceptionally important diseases.

John M. Hazen, MD
Lansing

E. Joseph Alberding, MD, Chairman, MSMS Liaison Committee with the Michigan Department of Public Health replies:

Dear Doctor Hazen:

Thank you for your letter regarding the *Michigan Medicine* article on premarital testing. The article was intended only to remind members of their current legal obligations with respect to premarital testing.

At the request of the MSMS Board of Directors, the MSMS Liaison Committee with the Michigan Department of Public Health is reviewing the appropriateness of current premarital testing requirements. Issues of concern in this review include the absence of some sexually transmitted diseases in the requirements; and the potential liability for the physician who certifies an applicant is free from disease in a communicable state.

This latter concern is especially problematic with respect to AIDS, because of the three month "window" phase it takes for the HIV antibody to develop after infection, during which a false negative test may occur. In the meantime, MSMS will continue, through its AIDS education efforts, to encourage physicians to offer the HIV test to marriage license applicants and other patients whose histories suggest they are at risk for AIDS.

I thank you for your comments, and I will certainly share them with the Michigan Department of Public Health.

E. Joseph Alberding, MD,
Chairman, MSMS Liaison
Committee with Michigan
Department of Public Health

BLUES/Continued

Board of Directors, but are sent through the Health Care Delivery and Cost Committee whose membership includes only three providers (one MD, one nurse, and one hospital administrator). Because of this arrangement our input is diluted by: One appointee of the Governor representing consumers; one small business owner; and seven members representing organized labor, consumers and large purchasers of health insurance. Since the Cost Committee has a mission to contain costs, it is not surprising that recommendations from the providers, who are primarily interested in quality patient care and protection of provider interests, are often changed and sometimes ignored.

Frustrated by the lack of significant, knowledgeable input from those best informed on health issues, the eight providers on the BCBSM board recently developed a list of broad goals and objectives of mutual interest and importance to providers as well as to BCBSM. These will be presented to BCBSM senior management for discussion before this article appears in print.

Although we are aware that for many physicians reimbursement is a matter of prime importance, we will not stress this issue now. Let me explain why. The sale of health insurance by BCBSM to consumers results in money being made available for payment to providers. The amount is predetermined by:

1) The rates charged. These are strictly controlled by the Commissioner of Insurance whose policy has been to protect the consumer by keeping rates at a low level.

2) The number of insurance policies sold. Competition from HMOs, PPOs, self insurance and other new delivery systems has greatly reduced BCBSM's share in the market-place resulting in a loss of economies of scale.

3) The level of utilization of services. The causes for alleged increased utilization rates in Michigan are poorly understood, but *are not*, in my opinion attributable to greedy physicians, as some believe.

Until a way is found to enlarge the pot, the total reimbursement for care can be redistributed, but not increased. After comparative studies with neighboring states have been reviewed, the reimbursement issue will be reconsidered in depth.

Our main objective at present is to improve relationships between BCBSM and physicians. Some matters to be presented to the Blues management for discussion include:

- **Coordination of utilization programs.** We hope to eliminate differing criteria for appropriateness of admission; develop a single channel of communication for all systems; and avoid unnecessary admission delays because of different plan demands and criteria.

- **Appeals process.** Multiple avenues are available for appeals and complaints, but these are complex and poorly understood by physicians. We hope that the process can be reduced to one simple, efficient and readily understood mechanism.

- **Interactive data system.** A galaxy of differing insurance coverages have made it a burdensome chore for doctors' personnel to identify individual patient's plans. Although BCBSM has promised a computer answer for over a year, none has yet been perfected. Other computer software packages are in developmental stages.

- **Review of BCBSM audit systems in hospital and doctors offices.**

- **Analysis of the relationship between the degree of utilization and the quality of patient care.**

It is to the mutual advantage of both MSMS and BCBSM to back away from our adversarial positions and to effect better understanding of each other so that we can achieve one common goal —improved patient care. The provider members of the BCBSM Board of Directors, MSMS and senior management at BCBSM are committed to this objective.

There is hope on the horizon, so let's keep "singin" the Blues. ☐

SPECIAL REPORT

Michigan medicine: a Walker tradition

By Frank B. Walker, MD

The surgical amphitheatre at St. Mary's Hospital around 1900.

It is a privilege and a unique opportunity to contribute to this special issue on the history of medicine in Michigan. As a fourth-generation Michigan physician, I take deep pride and gratitude in the thought that our family has been active in the medical scene for most of our state's existence. It is my intent that a brief historical background outlining our family's involvement in Michigan medicine and medical politics will provide an insight to the recollections and anecdotes which follow.

The Walker family's ties to Michigan medicine began with my grandfather's cousin, Henry O. Walker, MD, who was the professor of anatomy on the original 1868 faculty of the Detroit Medical College, the forerunner three generations removed from the present Wayne State University School of Medicine. "H.O." was a surgeon and urologist, a frequent contributor to the medical literature of the day, and the secretary and dean of faculty at the medical school. In addition, he was the first president of the Wayne County and Michigan State Medical societies, and twice vice-president of the AMA.

My grandfather, the first Frank B. Walker, MD, was graduated from Detroit Medical College in 1892 and was a member of its faculty until his death in 1927. He was also a surgeon, long-time treasurer and registrar and later secretary of the medical school. He was active in MSMS politics and president of the Wayne County Medical Society. One of the units of Base Hospital 36, the Detroit College of Medicine and Harper Hospital unit in Europe during World War I, was commanded by my grandfather in his capacity as chief of the surgical service.

The third generation, my father, Roger V. Walker, MD, was graduated from the Detroit College of Medicine and Surgery (now city-owned) in 1919, and continued the family tradition of general surgery. He was on the medical school faculty until 1951 and, despite a busy practice, was the longtime secretary and later president of the Detroit Academy of Surgery, trustee of the Wayne County Medical Society, commissioner of the Detroit Board of Health, a member of the Michigan Crippled Children Commission, and an active member of the MSMS Legislative Committee.

My brother, Roger V. Walker, Jr., MD, was also graduated from Wayne University College of Medicine (1951), completed a surgical residency at Wayne County General Hospital, and was in private practice with my father for only about eighteen months before dying from Hodgkin's disease.

Continued on next page

Doctor Waiker heads the Michigan Delegation to the American Medical Association.

After my graduation from Wayne (1955), there was temporary indecision on my part as to whether to specialize in internal medicine or pathology. Surgery was clearly not going to be my choice, even though it meant breaking a family tradition. On the other hand, the long-time family interest in medical "politics" and contribution to the medical community, where possible, has remained intact.

There obviously are many anecdotes one could tell which would intertwine our family history with that of medicine in Michigan. Most come from my father ("H.O" and the first Frank B. died before I was born) and a few from other colleagues and personal recollection.

The teaching hospital initially used by the Detroit Medical College was St. Mary's across Mullett street from the school. One of the oft-used historical pictures of that era is of the surgical amphitheatre at St. Mary's. A large number of formally dressed medical students are seated in semicircular fashion around an operating table manned by seven or eight physicians (including "H.O." and my grandfather), gowned but not masked — surely a long way from current aseptic technique! (See page 503.)

As mentioned previously, one of my grandfather's positions was that of treasurer and registrar (unpaid, naturally) of the medical school. My father often recalled how one drawer of the desk in my grandfather's downtown Detroit office contained all of the records of prospective and current medical students, including their grades. Again, it is hard to believe, in this day of computers, endless forms and reams of paper, that the entire records of a school could be kept in such a fashion.

Wayne State University traces its history to the Detroit Medical College which was started in 1868 by a group of five doctors. In 1879 another college, the Michigan College of Medicine, opened in Detroit and the two merged to become the Detroit College of Medicine. In 1913 the name was changed to Detroit College of Medicine and Surgery and in 1919 it became an official part of the Detroit Board of Education in the Colleges of the City of Detroit. In 1933 the name was changed to Wayne University, and in 1956, Wayne became a state institution.

After my grandfather returned from World War I, he considered moving from the family home on Putnam (near the current Wayne main campus) to the Indian Village section of Detroit, four miles away. He finally rejected the idea because it was too far from his patients, office and hospital. If only he could see the cars and freeways now, and the distances one commutes everyday.

House calls

Most of the recollections of my father as they concern Michigan medicine are either too personal or too unbelievable to relate. I do recall my mother spending many hours, day and night, accompanying my father on house calls ($5.00 each regardless of the time of day or part of Detroit or suburbs visited), in the office ($2.00 per visit), and on trips to Lansing or Grand Rapids for MSMS meetings. It was an unwritten household rule that Sunday dinner as a family unit was mandatory, regardless of the time—otherwise you might not see my father for a whole week unless you joined him for breakfast at 6:30 am.

One of my father's great medical interests was being the long-time chairman of the Wayne County Medical Society Ethics Committee. This was at a time when the AMA Code of Ethics

flatly prohibited advertising in any form, including using telephone yellow pages, neon or large office signs, listing office hours, etc. In today's competitive climate, it must be hard for younger physicians to believe there were such restrictions.

I guess I always knew I wanted to be a physician—as young children, my brother and I were exposed to and indoctrinated in the perspective of the medical profession. I witnessed my first surgical procedure at age nine, standing on three or four stools, masked and gowned, in a hospital operating room; I spent many hours accompanying my dad on hospital rounds and house calls, if only to get a chance to see and chat with him; the perils for American medicine if the Wagner-Murray-Dingell bill passed Congress and led to "socialized medicine" were explained early on; and a number of summer weeks of my youth were spent (delightfully, I might add) at the Grand Hotel on Mackinac Island, while my father was attending concurrent meetings of the MSMS council, the Michigan Medical Service (Blue Shield) Board of Directors and the Michigan Crippled Children Commission.

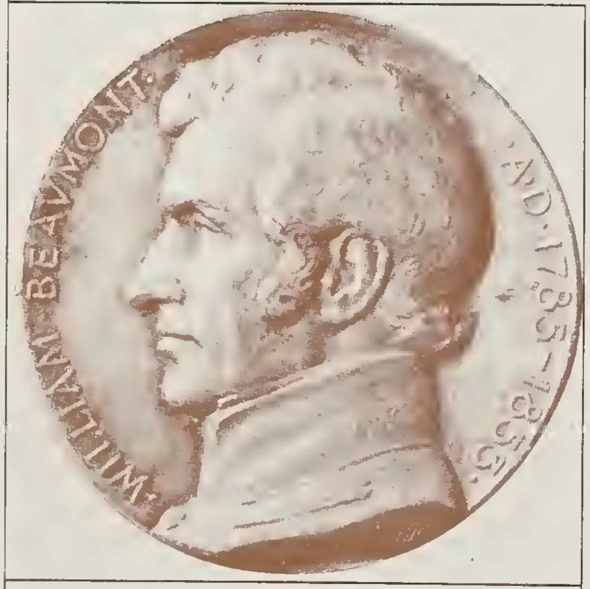
It should be evident by now that our family has been most fortunate over the past century or so to be so intimately connected with the history of medicine in Michigan. A fifth generation Walker, our youngest son Mark, is about to enter his second year of medical school at Wayne. Whatever specialty or practice location he chooses, I have the feeling that he, too, will wish to become involved in "organized medicine" to the maximum extent possible. Already he realizes that it is only through participation that we can hope to have an impact on the future of medicine and on the best possible medical care for the patients we serve. ☐

Doctor Walker

Michigan has a rich legacy of medical pioneers

By Herbert A. Auer

Countless physicians helped to form medical history in Michigan. The Walker family has played a vital role since the turn of the century (see page 503). Can you name others who were prominent in the early history of medicine in our state? In this section, Herb Auer, history buff and former MSMS deputy director in charge of communication/CME, provides glimpses into the lives of six notable physicians in the past. Then he recaps the history of MSMS. The editors thank him for his ideas, contributions and enthusiasm.



William Beaumont, MD

There is international agreement and recognition that William Beaumont, MD, provided the medical profession its first reliable information about the physiology of digestion.

Doctor Beaumont, stationed with the American troops at Mackinac Island, started his famed observations of the digestive process on June 6, 1822. His subject was Alexis St. Martin, an 18-year-old French-Canadian voyageur, who was severely wounded in the abdomen by an accidental gunshot. The accident occurred in the American Fur Company trading post on the island. The surgeon expected death within 36 hours, but Alexis recovered. His wound healed, leaving, however, a permanent gastric fistula nearly an inch in diameter.

For the next 11 years, Doctor Beaumont conducted experiments at the Island and at other Army posts in the midwest. The scientific zeal of the surgeon in his experiments was incomprehensible to Alexis who often disappeared into Canada, only to be lured by money into more research work.

The studies by Beaumont resulted in publication of his book, *Experiments and Observations on the Gastric Juice and the Physiology of Digestion* in 1833.

Sir William Osler made this observation about Beaumont—"He recognized, grasped, and improved the opportunity which fell in his path with a zeal and unselfishness not excelled in the annals of medical science."

The Michigan State Medical Society financed the restoration of the fur company trading post into the Doctor William Beaumont Memorial and dedicated the building July 17, 1954.

Some of the short articles about Doctor Beaumont appear in Volume 1, pages 165-180 of *Medical History of Michigan*, published in 1930 by the Michigan State Medical Society. □

Thomas Francis, Jr., MD

Thomas Francis, Jr., MD, chairman of the University of Michigan department of epidemiology, held the national and international spotlight in 1955. That was when he released the results of his survey to confirm the success of the Salk vaccine as an effective weapon against crippling poliomyelitis.

Doctor Francis, widely regarded as one of the nation's foremost epidemiologists, directed the evaluation of a nationwide test in 1954-55 which established the value of the vaccine developed by Jonas E. Salk, MD.

Michigan had been the first state to provide the free distribution of the vaccine developed by Doctor Salk to prevent the crippling disease.

Michigan claims further involvement in the control of the dreaded disease in that Doctor Salk himself had studied and taught at the University of Michigan School of Public Health from 1942-1947.

In Michigan alone the number of polio cases declined from 1,060 cases and 89 deaths in 1954 to 145 cases and less than 20 deaths in 1959. □

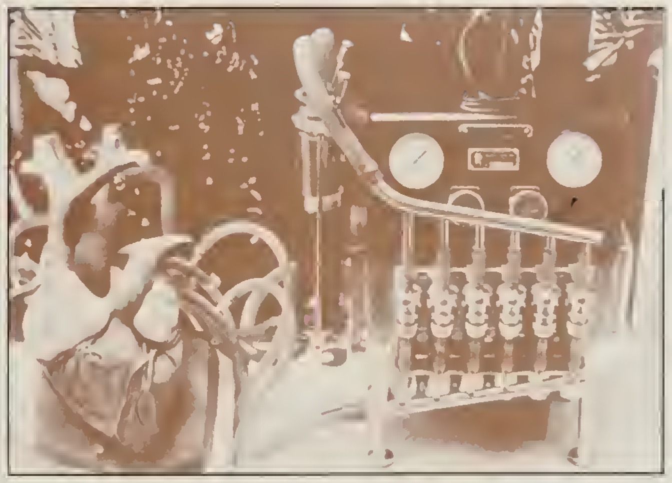
F. D. Dodrill, MD

A mechanical heart, developed by F.D. Dodrill of Detroit and his associates in 1951-52, is one of the permanent exhibits in the Smithsonian Institute in Washington, DC.

The "heart" was chosen as one of the top scientific achievements of 1952.

The mechanical heart was developed at Harper Hospital, Detroit, in cooperation with General Motors Corporation. Space was provided by Harper for the developmental work which was the first of its kind in medical history to be used on a human patient undergoing heart surgery. The project was aided by the Michigan Heart Association.

Accounts of the project credit Doctor Dodrill of the Harper medical staff, Edward Hill, MD and Robert A. Gerisch, MD. □



First mechanical heart used in humans was developed by F.D. Dodrill, MD, and General Motors Corporation.

Douglass Houghton, MD

Douglass Houghton, MD, surely is more widely known by many for his geological studies in the Upper Peninsula rather than for his medical service in Detroit.

Trained in New York, he arrived in Detroit in 1840 when he was 21. He quickly was acclaimed as a brilliant man and a fluent speaker in the fields of science, medicine and health.

Doctor Houghton, commissioned by the governor of Michigan to undertake geological studies, is credited not only with discovering large quantities of native copper in Keweenaw County but also with writing

Continued on next page

HOUGHTON/Continued

authoritatively about the wealth of copper and iron in the UP.

A competent physician, geologist and scholar, Doctor Houghton served as mayor of Detroit, president of the Detroit Board of Education and professor at the young medical school at the University of Michigan.

He died at the age of 36 when his boat capsized in a tremendous storm near Eagle River in the UP. ☐

This monument to Doctor Houghton is located at the southeast corner of the Harlan Hatcher Graduate Library at the University of Michigan.

John H. Kellogg, MD

One of the best known American physicians in the late 1890s and early 1900s was John Harvey Kellogg of Battle Creek.

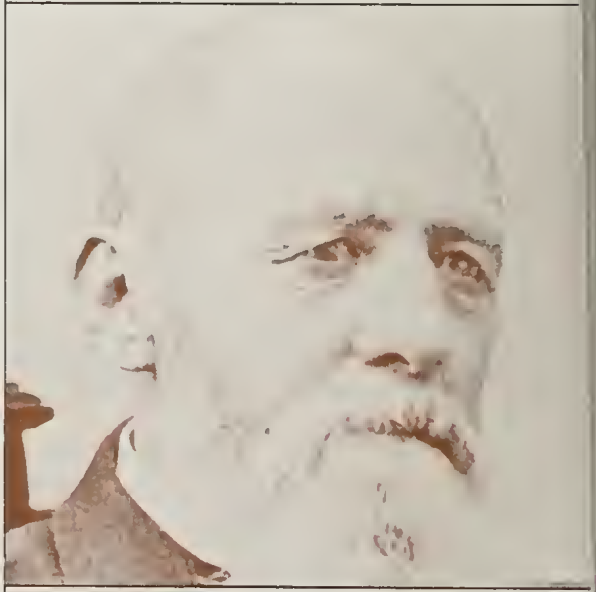
John Kellogg was one of 16 children. He became famous in the cereal industry and health field along with his brother, Will Keith.

John attended the University of Michigan, then obtained his medical degree from Bellevue Hospital Medical College in New York City.

Doctor Kellogg established and developed the Battle Creek Sanitarium and experimented there with cereals made from many grains. He and his brother established many cereal manufacturing companies including the W. K. Kellogg Company, still in operation today. (At one time there were more than 80 cereal firms in Battle Creek "stealing" foremen from rivals in order to get their new inventions.)

Doctor Kellogg is credited in history books with having discovered yogurt, granola and other new food products. Once an active member of the Michigan Board of Health, he lived to be 90 years old and is remembered in Battle Creek for his long association with the Seventh Day Adventist Sanitarium.

The adventures of the Kellogg brothers can be enjoyed in *Tales of Battle Creek* by Berenice Bryant Lowe. ☐



Cyrus M. Stockwell, MD

The name of the first president of the Michigan State Medical Society is revered and honored through the existence of the Stockwell Building, adjacent to the MSMS headquarters.

When the building was completed in 1979, the Society leaders named the structure for Cyrus M. Stockwell, MD, of Port Huron, first president and credited by medical historians as one of the founders of MSMS.

Doctor Stockwell, a surgeon, was elected president at the MSMS organizational meeting attended on June 5, 1866 in Detroit by an estimated 100 physicians.

C.R. Burr, MD, Flint, editor of the *Medical History of Michigan* published in 1930 by MSMS, wrote this about Cyrus M. Stockwell, MD: "Cyrus M. Stockwell, MD, Port Huron, 1823-1899, Founder (of MSMS). Surgeon, Civil War. First president (of MSMS) 1866. Pioneer physician and surgeon, St. Clair County. Ingenious, able and conservative surgeon. Far in advance of his time in the knowledge of hygiene and sanitation. Regent of University of Michigan 1865-1872. Illustrious father of an illustrious son, Charles B. Stockwell, MSMS president, 1906."

The address by Doctor Stockwell in 1867 as he completed his year as MSMS president was regarded as "highly spiritual." The talk was entitled. "The physician: What he is, may and should be."

In part, he said, "*When he (the physician) should be a generalist, he is too often a specialist, ministering to a single faculty, disease or organ, ignoring meanwhile the existence of all others.*

"*He must possess a knowledge of every organism, of its very peculiar office and its relative action toward every other organism —it is no less important that we study man, of while these are but parts.*

"*Though from far-off space art has brought within view unknown spheres of light and from the crystal depths of a drop of water revealed a world of unthought existences, the dwelling place or substance tangible of mind is yet undiscovered; to it as the vice regent of unseen God we are compelled to yield unwilling homage. . . Yet how shall its hiding place be reached.*"

MSMS leaders and staff attended the 1978 groundbreaking ceremony for the Stockwell Building, adjacent and connected to MSMS headquarters.

Cyrus was born in 1823 in New York state and he taught school there. He acquired the early portion of his medical education in a physician's office in Binghamtom, New York, and was graduated from a medical course of study in 1850 from the Berkshire Medical College, Pittsfield, Massachusetts. He practiced one year in Friendsville, Pennsylvania, and came to Port Huron in 1851.

In 1862, he was commissioned a surgeon in the 27th Michigan Infantry by Governor Blair. He suffered such a severe case of typhoid during the siege of Vicksburg that he resigned his commission and returned home.

For many years after the Civil War he was the surgeon at Fort Gratiot, located then in Port Huron.

A pioneer

There are reports that Cyrus Stockwell "undoubtedly subscribed to more medical journals and other medical publications than any other physician in eastern Michigan." Medical historians credit him for his constant acquisition and application of the latest and best methods of practice, and he was recognized as the pioneer in conservative surgery in St. Clair County. He subscribed to the philosophy that "to amputate is to acknowledge defeat."

Continued on next page

STOCKWELL/Continued

He was a student of hygiene and sanitation and served as chairman of the first Port Huron sewer commission. Also in Port Huron, he was a member of the Board of Education and for more than 25 years was clerk of the First Congregational Church.

Doctor Stockwell favored travelling in a sulky for long trips to provide medical care to patients. There is one story of his leaving Port Huron at 4 AM to travel 63 miles and then return to Port Huron after midnight. Bridges then were poor and roads, paved with logs, were often filled with mud.

Doctor Stockwell was one of few physicians in his era who travelled to the Atlantic or Pacific coast cities for meetings of distinguished medical organizations. In addition to being one of the founders of MSMS and its first president, he served twice as president of the Northeastern District Medical Society, twice as president of the St. Clair, Sanilac and Lapeer county medical societies and also as president of the Port Huron Academy of Medicine.

Doctor Stockwell was president of MSMS when he was 43 years old. He died in 1899, seven years before his son, Charles R. was chosen MSMS president in 1902.

Cyrus surely was a proud father, with his sons Charles R. and G. Archie, also practicing in Port Huron. □

Read more about medical history

The Michigan physician or history scholar can find excellent source materials at various libraries across the state.

Within the medical society family, the Wayne County Medical Society Beaumont Memorial Room has been expanded steadily during the 28-year history of the WCMS headquarters at 1010 Antietam.

Much of the rich history of the Wayne County Medical Society, dating back 137 years, is in the room, as well as rare publications of the early reports by Doctor Beaumont.

The memorial room was renovated and improved in 1983-84 through a $50,000 grant from the Else Kolhede Foundation and the Society. A recent acquisition was the medical library of WCMS past-president and surgeon Donald Sweeney, MD.

Also in Detroit are the Burton Historical Collection and the Schiffman Medical Library. A Detroiter, Clarence M. Burton, collected original source materials on the history of Michigan and the Northwest, which is the nucleus of the Burton Collection at the Detroit City Library. The Schiffman Library on the Wayne State University Medical School campus includes some of the WCMS collection which was contributed when the Schiffman Library was built.

The donations of William L. Clements, Bay City, a former graduate and regent of the University of Michigan, made possible the Williams Clements Library in Ann Arbor. The Library contains extensive medical history from the colonial and revolutionary periods.

In Lansing, the official repository for all state records of historical value is the State Archives of Michigan. The Archives soon will be housed in the under-construction complex for the State Library and the State Historic Museum.

The library at Central Michigan University honors the name of Norman E. Clarke, MD, a native of Mt. Pleasant, a graduate of CMU and a medical graduate from the University of Michigan. Doctor Clarke, who practiced in Detroit and the suburbs died in 1984. His collection of 2,000 rare books about Michigan and the Midwest were given to Central. Included are some medical publications.

When MSMS discontinued its medical library about 1970, MSMS gave its books and pamphlets to the Michigan State University College of Human Medicine library. □

Organized medicine has deep roots in Michigan

By Herbert A. Auer

In order to report the history of the Michigan State Medical Society and its accomplishments in service to the medical profession and the people of Michigan, it is necessary to go back to August 10, 1819.

There were reportedly eight to 10 doctors in the state then and five of them gathered in Detroit to form the "Michigan Medical Society." The society's purposes were "to examine medical students and certify those so deemed as doctors." The Michigan courts at that time held that "A doctor is any person calling himself such."

That medical society existed for 32 years had seven presidents and four secretaries. (Perhaps the best-known early MSMS member was William Beaumont, MD.) The group disbanded in 1851. Zina Pitcher, MD, Detroit, had served as president for 14 years.

The second phase of development began in 1853 when physicians gathered in Ann Arbor to organize the Peninsula Medical Society. Its primary concern was "to advance medical science." The Society was instrumental in the improvement and expansion of the infant University of Michigan Medical School which had started in 1849.

The PMS started small and grew to 115 members within the first six years. The annual meeting in Coldwater on January 18, 1859 did not draw a quorum, so it was rescheduled for Ann Arbor on March 29. Again attendance was very poor and PMS disbanded. Medical historians have written, "Circumstances, not the workers, were responsible for its quiescence from 1860 to 1866. Once the Civil War had begun, even a flourishing medical organization would have been temporarily abandoned."

WHOLESALE & RETAIL
HATS, CAPS & FURS

The Detroit Odd Fellows building at far right, was the meeting place for the organizational meeting of the MSMS on June 5, 1866. The building was on the west side of Woodward between Congress and Larned.

A new society

The end of the Civil War found many energetic young doctors in Detroit without adequate clientele. They were willing to contribute to a new society dedi-

Continued on next page

cated to clinical education and public service.

On June 5, 1866 about 100 physicians travelled from across the state to Detroit to organize the Michigan State Medical Society. The *Detroit Press* reported that day that Cyrus Stockwell, MD, a Port Huron surgeon, was elected the first president. The purpose, in part, was "the cultivation and advancement of medical science, of literature and the elevation of the standards of professional education." The code of medical ethics of the AMA were adopted as the MSMS code also.

That first meeting was held in the Odd Fellows Hall on Woodward Avenue between Congress and Larned. MSMS erected an official Michigan Historical Commission Registered Site marker (No. 270) at that location during the MSMS Centennial, Sept. 19, 1966.

During the first 25 years eight MSMS presidents were from Detroit. The president from the smallest town was from DeWitt. The 28th president was Victor Vaughn, MD, dean of the U-M Medical School, later elected president of the AMA.

The 38th president was Charles B. Stockwell, MD, of Port Huron, to give MSMS its only father-son team of state society presidents.

Accomplishments

A review of the MSMS House of Delegates Proceedings and the MSMS journal reveals many accomplishments which served its physician members and the Michigan public:

- In 1887 the legislature passed a bill to create a State Board of Health. MSMS had worked three years to support that legislation.
- The first medical journal committee was appointed in 1866 and the first publication appeared in 1902.
- MSMS' first postgraduate clinical conference was in 1928, although scientific papers were presented at every annual meeting starting in 1866.
- In 1930, MSMS hosted the first AMA annual meeting in Detroit.
- William J. Burns, who had been the Wayne County Medical Society executive, was employed in 1934 as the first full-time MSMS executive.
- During the 1930s a team of MSMS members went to Europe to study new prepaid medical insurance programs.
- In 1939, MSMS approved articles of incorporation for Michigan Medical Service to cover voluntary group medical care for those whose income was $1,500 or less.
- That same year, MSMS endorsed the Michigan Society for Group Hospitalization organized by the Michigan Hospital Association. Thus began Blue Shield to reimburse physicians and Blue Cross to reimburse hospitals. Those programs, during the Great Depression, fostered medical care for the poor and simplified the collection of hospital and medical bills.
- The Michigan Health Council was organized by MSMS in 1943 to bring together diverse, interested health organizations and institutions. It was the first council of its kind in the nation.
- MSMS organized its first charitable foundation in 1944-45, now known as the Health Education Foundation.

Headquarters

MSMS moved from rented space in the Michigan National Tower in Lansing to its own building at 606 Townsend, Lansing, in 1950-51. MSMS moved into its present Minoru Yamasaki-designed headquarters in East Lansing in 1961. Soon after, planning began for the 1966 MSMS Centennial held at Cobo Hall, which included dedication of the MSMS Historymobile and publication of an MSMS history written by William J. Stapleton, Jr., MD, Detroit.

Throughout MSMS history, committees and leadership began new programs to serve the membership and the general public:

- The first award for outstanding medical writing was awarded by MSMS in 1952-53 to the *Detroit Times*.
- The first MSMS-sponsored live TV surgical program was shown in 1956-57 from Detroit

Continued on page 514

TAKE THE HEADACHE OUT OF YOUR PRACTICE!

MICHIGAN HEALTH BILLING & COLLECTION SERVICE

We are a company dealing exclusively with physician's billing and collection.

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING &
COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

Grace Hospital and aired for several years.

- The first conference on health care of the elderly was held in 1960-61.
- The first Maternal Health Conference was sponsored in 1962.
- The first aid station was sponsored by MSMS at the Capitol in 1961-62.
- In 1963-64 MSMS adopted a position that MDs and DOs could cooperate.
- The first *Medigram* was issued in 1964-65.
- Visitors to Mackinac Island tour the Beaumont Memorial, dedicated on July 17, 1954 after doctors raised the necessary funds for this medical memorial.

The past 25 years . . .

Hugh W. Brenneman succeeded William J. Burns as the executive, Warren Tryloff succeeded Mr. Brenneman and now Bruce Ambrose serves as executive director and William Madigan as managing director. Mr. Ambrose will retire at the end of this month, and Mr. Madigan will take the reins.

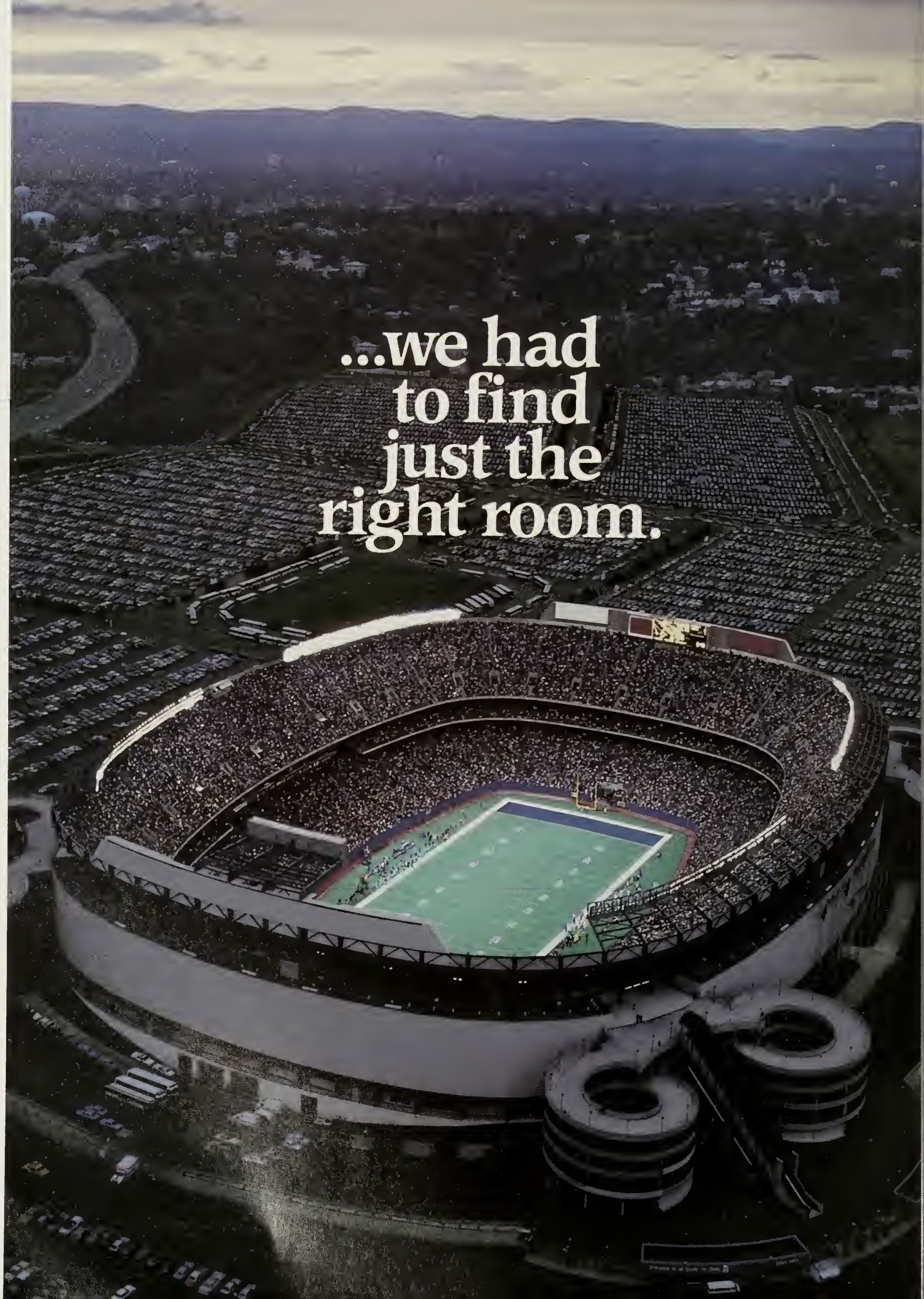
Accomplishments during the past 25 years include:

- Michigan Physicians Mutual Liability Company was created to provide professional liability insurance.
- MSMS has provided contracted services for specialty societies and other health groups through the Physician Service Group.
- MSMS has worked closely in new ways with hospital staffs, medical students, residents and others, and MDPAC continues as a vital force.
- MSMS has accomplished much to help relieve professional liability problems and continues to work on legislative goals.
- The MSMS Annual Scientific Meetings changed their format when the mandatory CME law went into effect. MSMS continues to accredit hospitals, specialty societies and other sponsors of Category I credit. ☐

Architect Minoru Yamasaki, designer of the current MSMS headquarters building.

Current MSMS headquarters in East Lansing.

To show you how many hypertensives stayed on
INDERAL® LA
(PROPRANOLOL HCl)
after a major nationwide trial...


...we had
to find
just the
right room.

60,073 patients (90%) who started on INDERAL® LA stayed on INDERAL LA.[1*]

Surprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.

A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol — which shows how well-tolerated once-daily INDERAL LA can be.

Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl) LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...

NEW LOW DOSE

INDERAL® LA 60 mg

(PROPRANOLOL HCl) LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg 80 mg 120 mg and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension it may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock 2) sinus bradycardia and greater than first-degree block 3) bronchial asthma 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

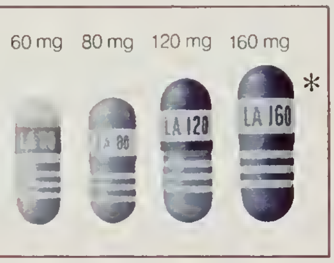
WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES



IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually, if possible)

> IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case this resulted after an initial dose of 5 mg propranolol

PRECAUTIONS. GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lead to a return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe hea disease elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as reserpine should be closely observed if INDERAL is administered The added catecholamine blocking action may produce an excessive reduction of resting sympathetic nervous activity which may result in hypotension, marked bradycardia vertigo, syncopal attacks, or orthostatic hypotension

Caution should be exercised when patients receiving a beta blocker are administered a calcium-channel-blocking drug especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction On rare occasions, the concomitant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions especially in patients with severe cardiomyopathy congestive heart failure or recent myocardial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased plasma levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly with propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomitantly with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination and increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential In 18-month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity There were no drug-related tumorigenic effects at any of the dosage levels Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximum recommended human dose

There are no adequate and well-controlled studies in pregnant women. INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exercised when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure, intensification of AV block, hypotension, paresthesia of hands; thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type

Central Nervous System Light-headedness, mental depression manifested by insomnia lassitude, weakness, fatigue reversible mental depression progressing to catatonia, visual disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. For immediate formulations, fatigue, lethargy and vivid dreams appear dose related

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric arterial thrombosis, ischemic colitis

Allergic. Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress

Respiratory Bronchospasm.

Hematologic. Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous. Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL INDERAL LA has different kinetics and produces lower blood levels Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval.

HYPERTENSION—*Dosage must be individualized*. The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 640 mg may be required The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks

ANGINA PECTORIS—*Dosage must be individualized* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established

If treatment is to be discontinued reduce dosage gradually over a period of a few weeks (see WARNINGS).

MIGRAINE—*Dosage must be individualized* The initial oral dose is 80 mg INDERAL LA once daily The usual effective dose range is 160-240 mg once daily The dosage may be increased gradually to achieve optimal migraine prophylaxis If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued It may be advisable to withdraw the drug gradually over a period of several weeks

HYPERTROPHIC SUBAORTIC STENOSIS—80-160 mg INDERAL LA once daily.

PEDIATRIC DOSAGE—At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

---

REFERENCES:

1. INDERAL LA National Compliance Evaluation Program Data on file, Ayerst Laboratories
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985; 145 1321-1323.

1R7119/887

Ayerst®

AYERST LABORATORIES
New York, NY 10017

© 1987 Ayerst Laboratories

Sesquicentennial thoughts — Michigan at 150

By Glen Bachelder

First, last and always there is the land. Two green peninsulae set like jewels in a necklace of blue lakes.

The vast forests, the rich contents of the earth, the abundance of water have shaped the history of Michigan. They will shape our future as well. They are the sculptors' clay. But it is the people who create and build and mold.

The people are nomadic Indians speaking the Algonquin tongue and living of the abundant land. The people are French missionaries, explorers, soldiers and fur traders. The people are English colonists, frontiersmen, settlers, gradually replacing the French influence. The people are farmers from the east clearing virgin forests.

The people are lumberjacks providing the materials to build a nation. The people are miners from Cornwall and Finland providing the ores which forged industrial America. The people are immigrants fleeing famine, poverty, and oppression in Europe for a new start in Michigan's fields, shops and factories.

The people are southerners, black and white, working on the assembly lines which made Michigan the Arsenal of Democracy in our biggest war.

The people are inventors, entrepreneurs, scientists and educators leading America to social and economic heights and to the challenges of post-industrial democracy.

Mr. Bachelder is a Lansing-area freelance writer.

"Whatever else we become, we will need the finest health services and systems at an affordable cost."

And the people are physicians and other health providers who saved and enhanced life at each stage of the maturing of Michigan. The entire world owes a great debt to Michigan medical giants and innovators.

- People like the Midewiwim, medicine men of the Great Lakes Indians. To become a member of that Grand Medicine Society (precursor of MSMS?), one went through stages of vision and rigorous apprenticeship before being endowed with the sacred white shell kept in an otter skin. A Midewiwim could use herbal lore and healing traditions recorded on sheets of birch bark. In addition to drawing evil spirits from the sick and giving herbal remedies, he was believed to fly, turn into an animal, prophesy, make love charms, and cast spells on his enemies.
- People like the wife of Antoine Cadillac, the founder of Detroit. In the absence of a doctor at that outpost, King Louis XIV noted in his 1707 order of inspection that Mme. Cadillac and her daughter were caring for the sick, as obliged by the French tradition of nobility.
- People like William Beaumont, MD, who took into his home Alexis St. Martin, a gunshot victim on Mackinac Island in 1822. His subsequent observations led to the classic "Experiments and Observations on the Gastric Juice and the Physiology of Digestion." He had documented the first living observatory of the digestive process.
- People like William E. Upjohn, MD, from a family of pioneer physicians, who had patented his new idea for a "friable pill." His invention became the foundation of a pharmaceutical and medical research firm with 1986 sales of $2.3 billion.
- People like Jonas Salk, MD, at one time a University of Michigan immunology researcher, who perfected the vaccine which eliminated poliomyelitis as the crippling scourge of childhood.
- People like Thomas Francis,

Continued on next page

MD, a mentor of Salk's, who led the University of Michigan field testing of the Salk vaccine and announced its success at a historic press conference in Ann Arbor on April 12, 1955.

- People like Reuben L. Kahn, MD, another University of Michigan researcher who devised the first exact test for syphilis. Its measured results give quantitative evidence of the contest between a victim and the disease.
- People like Homer Stryker, MD, a surgeon who found a better way to immobilize and rotate orthopedic patients. The Stryker Frame carried his name and fame around the world and started a medical devices industry that thrives today.
- People whose skill, dedication and leadership in their profession led to their selection as President of the American Medical Association: Zina Pitcher, MD, 1856; William Brodie, MD, 1886; Donald MacLean, MD, 1895; Victor Vaughn, MD, 1914 and John J. Coury, MD, 1986.
- People like Frances A. Rutherford, MD, the first woman physician in Grand Rapids, America's first woman city physician there in 1870, among the first three women elected to membership in the Michigan State Medical Society (1872) and the first woman delegate to the American Medical Association.
- People like John Harvey Kellogg, MD, of the Battle Creek Sanitarium, and avid promoter of the healthy lifestyle. His invention—Corn Flakes, was left to the promotional skill of his brother, William K. Kellogg who guided the Kellogg Company to world dominance in its field (1986 sales, $3.34 billion) and the Kellogg Foundation (1986 assets over $2 billion) to health and nutritional triumphs.
- People like the visionary doctors who founded the first university operated hospital in Ann Arbor and just opened its space age replacement.

These exemplars of health and medicine were matched by other giants who loom as large in Michigan history as the legend of Paul Bunyan. Lumber barons, mining moguls, auto magnates, authors, actors, architects, aviators, teachers, preachers and artists. All were supported by a highly acclaimed system of education, the professions, labor and a public service noted for integrity, pragmatism and independence.

So, we are allowed this moment of self-congratulation at the 150 year mark.

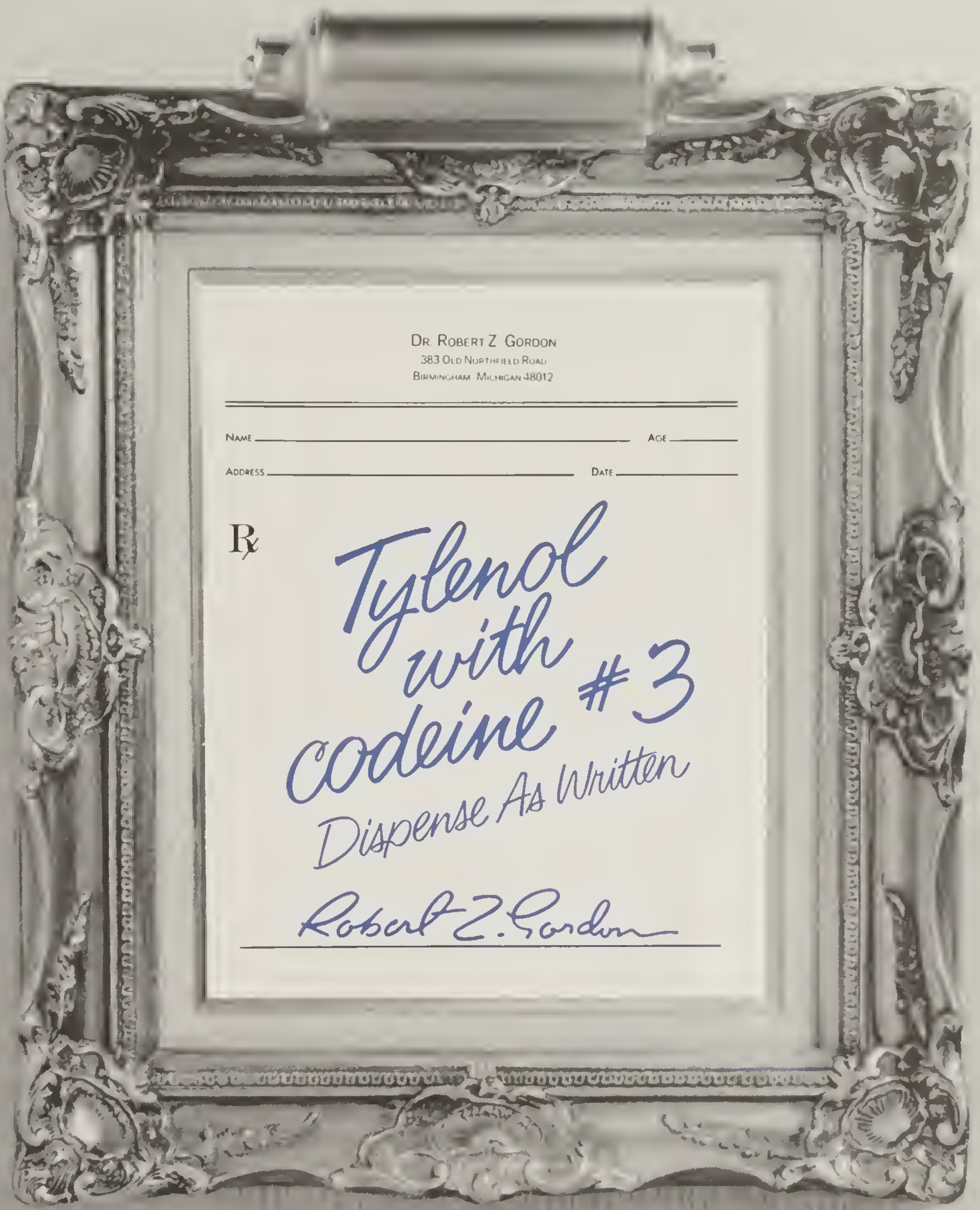
But Michiganians always keep a weather eye out. Our success was never a straight line, but a roller-coaster, hurtling from peaks to valleys. Mines are almost empty now; the screech of sawmills reduced to a whisper; family farms falling idle; auto assembly future under heavy pressure. While we boast of our accomplishments, we never forget recessions, denuded forests, chemical wastes, extinct species, some famed corporate miscues.

With our world-class research universities, skilled workers, pharmaceutical giants and sophisticated medical infrastructure, we will no doubt lead in medical innovation. Whatever else we become, we will need the finest health services and systems at an affordable cost.

This is the challenge for Michigan dreamers and doers. The quality of our people will determine our future. Our people must consolidate past gains while reaching for new stars. We may get bigger but we must get better. There are no material rewards to compensate for chronic unemployment of a whole generation lost to substance addiction, crime or teenage pregnancy.

While our human assets inspire hope, our natural assets embody our strength. We are, and can remain, the most fruitful, beautiful, rewarding and sometimes risky of the states. We are the gathering of great waters—the Great Lake State—two vast green peninsulae, fingers in a unique freshwater sea. But we cannot take even our greatest assets for granted. Unless we can conquer environmental pollution, including acid rain, our waters will not continue to serve us.

We are 150 years old and are having a grand party. But we cannot celebrate too late. We must be up early tomorrow to reinvent our future. ☐



Dr. Robert Z Gordon
383 Old Northfield Road
Birmingham Michigan 48012

Name ______ Age ______

Address ______ Date ______

℞ Tylenol with codeine #3
Dispense As Written

Robert Z. Gordon

CREATE A SIGNED ORIGINAL

to be sure your patients get...

Tylenol®
ACETAMINOPHEN
with codeine
phosphate
TABLETS Ⓒ III ELIXIR Ⓒ V

Tablets: Contain Codeine Phosphate*: No. 3 — 30 mg;
No. 4 — 60 mg — plus Acetaminophen 300 mg.
Elixir: Each 5 mL contains 12 mg Codeine Phosphate* plus
120 mg Acetaminophen (Alcohol 7%).
*Warning: May be habit forming.

© McNEILAB, INC., 1987

TYCT 6445-A

A closer look at 1,137 liability cases closed

By Jay K. Harness, MD

Figure 1
The cost of cases closed (1986)

Michigan Physicians
1986 Payout

Cases closed	1,137
Indemnity paid	$35,633,573
Legal expenses	$10,386,691
Total payout	$46,020,264

Last month members read about PICOM's claims experience. Here MPMLC tells its story:

Since the crisis of the mid-1970s, physicians have encountered a volatile and hostile professional liability climate; the cost of liability insurance has been a stormy element of it.

Michigan Physicians Mutual Liability Company (MPMLC) began protecting physicians against liability claims in 1976. MPMLC is a mutual insurer owned by its policyholders. As a physician-owned company, there was more readiness to restrain liability insurance premiums in the early years.

In fact, premiums were decreased 2.2 percent in 1978, 5 percent in 1979, no change was made in 1980, then another decrease—of 9.7 percent—was made in 1981.

Since 1981, premium increases have been required as the number of claims and the payouts associated with them accelerated.

Here's how rates increased after 1981:

- 1982: six percent
- 1983: 25.4 percent
- 1984: 23.8 percent
- 1985: 58.4 percent
- 1986: 70.0 percent
- 1987: 15.0 percent

Premiums tend to track claims and cost trends. Back in 1977, MPMLC opened 51 new cases and closed four. Last year, there were 1,330 new claims reported while 1,137 other cases were closed.

From 1980 to 1986, our payouts on claims increased more than 3,500 percent. Last year, payout exceeded $46 million—dwarfing the million dollar mark set in 1980.

Our 1986 indemnity payout was $35,633,573 (indemnity is compensation paid to claimants). Legal expenses amounted to $10,386,691 (defense attorney fees, medical case reviews and defense-related expenses for all cases, including those without indemnity). (See Figure 1.)

Fortunately, most of the cases closed last year (as in all years) were without indemnity. Of 1,137 cases closed, 683 were dismissed, dropped or did not require payment to claimants. That's 60 percent of the total.

There were 454 cases (40 percent) that involved indemnity payouts to claimants. Only six

Continued on page 524

Figure 2
How cases are resolved

Michigan Physicians
1986 Dispositions

Cases closed	1,137	
No indemnity	683	(Dismissed/dropped)
Indemnity	454	
Tried in Court	68	

Note: Less than 6% of all cases go to trial. 60% involve no indemnity, about 40% result in payout to plaintiffs.

Doctor Harness has served on the MPMLC Board of Directors since 1982.

BROWN THE BROWN PHARMACEUTICAL CO., INC.

2500 West Sixth Street, Los Angeles, CA 90057

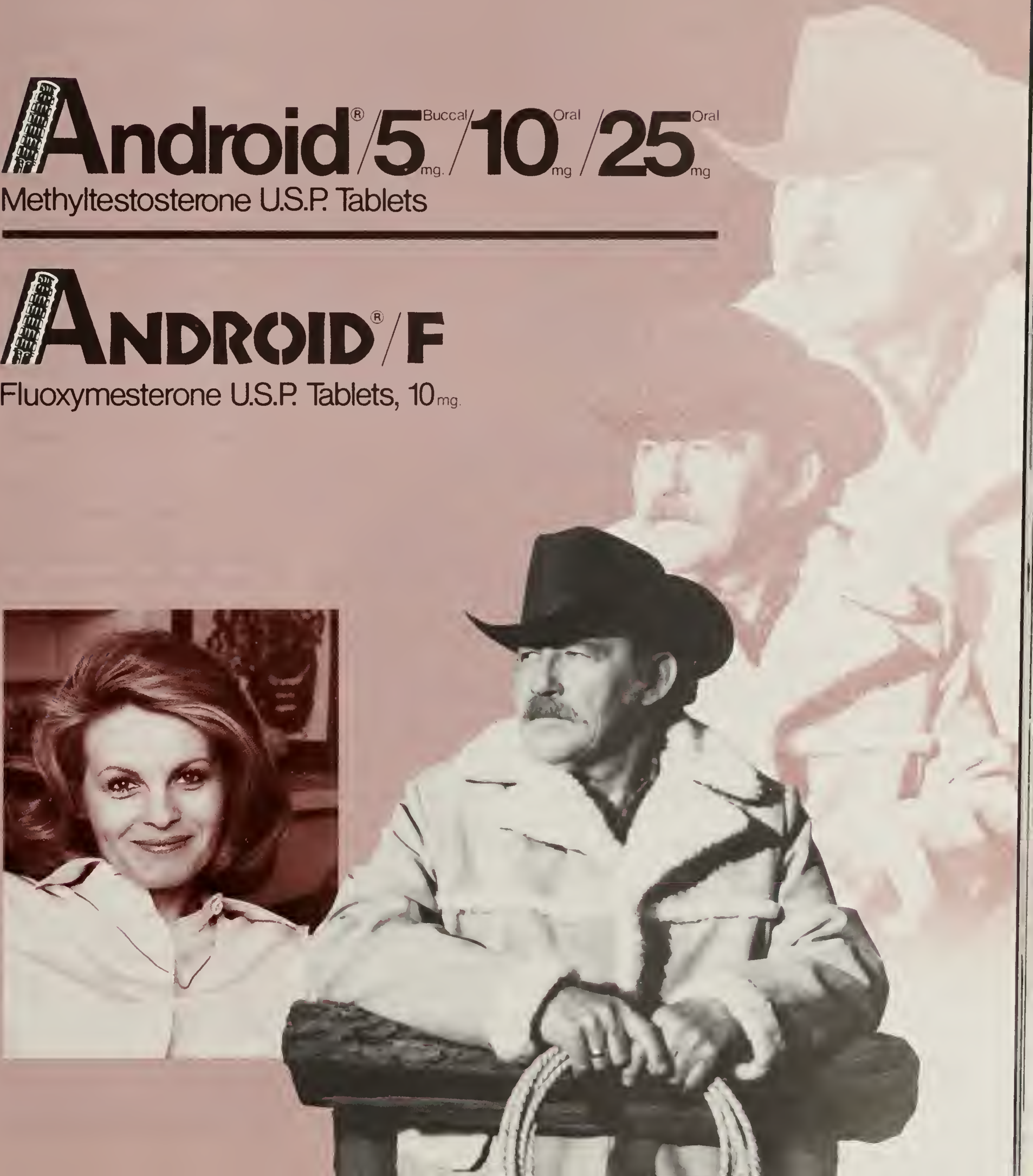
For Full Prescribing Information, Please See PDR. REFER TO PDR

Android®/5 mg. Buccal/10 mg Oral/25 mg Oral

Methyltestosterone U.S.P. Tablets

ANDROID®/F

Fluoxymesterone U.S.P. Tablets, 10 mg.



CASES/Continued

percent of *all* claims proceeded to trial. (See Figure 2.)

MPMLC vigorously defends policyholders whenever possible. We took more cases to trial last year than in any other.

Of the 68 cases that went to trial last year, only nine were lost (seven jury awards plus two settlements made prior to the conclusion of the trial). Our "win" record approaches 90 percent. (See Figure 3.)

The "long tail"

Medical professional claims historically have surfaced years after an alleged incident occurs. We analyzed new claims reported in 1986 and isolated 1,197 alleging malpractice against individual policyholders.

Only 116 of these were based on incidents occurring in 1986. All others related to allegations and circumstances dating back to 1977.

Late-arising claims are referred to as "the long tail."

While most of the 1986 cases related to incidents that took place since 1982, a total of 110 were associated with incidents that took place between 1981 and 1977 (six to nine years earlier). (See Figure 4.)

That "long tail" always makes it difficult to accurately determine what the eventual costs will be on medical malpractice cases—plus what adequate liability insurance rates should be.

Figure 3
Results of trials (1986)

Michigan Physicians 1986 Trials

Total	68
Results:	
No-cause	47
Directed verdicts	7
Dismissals	4
Total "wins"	58
Settlements	2
Awards	7
Total "losses"	9
Hung jury	1
Win-percentage:	86.57%

Physician misadventure

In order to study factors which precipitate allegations of malpractice, we tracked a category of claims we call "physician misadventure." We looked at 1,118 claims closed in that category in 1986.

Of those, we found a basis for physician error or fault in about 61 percent of the cases. Topping the list—in frequency of cases and in cost—were cases involving diagnostic error.

Nearly 37 percent of the cases involved diagnostic error, with $8.3 million paid for indemnity, plus nearly $2 million for legal expenses.

Following diagnostic error in frequency and cost were improper performance of a procedure and medication errors.

Less predictable, was the finding that "delay in the performing of a procedure" was ninth in frequency, but fourth in costs. There is significant indemnity associated with delaying treatments which are needed.

In conjunction with medication errors, the growing number of elderly among the population increases the potential for an even greater liability concern for the future.

Through cautious assessment of medical needs and careful communication with patients (and in many instances their relatives), physicians can help prevent liability claims and losses.

Such efforts must prevail, along with attempts to achieve regional tort system reforms, plus greater understanding among political leaders, the news media and the public. ☐

Figure 4
The 'long tail'

Michigan Physicians 1986 Claims by Incident Year

1986: 116
1985: 328
1984: 406
1983: 145
1982: 92
1981: 30
1980: 30
1979: 20
1978: 18
1977: 12

MPM-1000

MEDICAL PRACTICE MANAGEMENT SYSTEM

THE COMPLETE PRESCRIPTION FOR OFFICE PRODUCTIVITY FROM CURTIS 1000 INFORMATION SYSTEMS

R_x for Improved Patient Care...
MPM-1000 speeds handling of individual patient information with Patient Registration, Patient Billing, Electronic Claims and Hospital/Physician Network.

R_x for Profitability...
MPM-1000 organizes financial data with Accounts Payable, General Ledger and Payroll.

R_x for Efficiency...
MPM-1000 controls daily office functions with Word Processing, Medical Dictionary, and Inventory Control.

R_x for Productivity...
MPM-1000 allows in-office review of on-line clinical data through Remote Data Base Access and extensive management reporting with Query Report Generator.

Whether you're just starting your medical office or belong to a rapidly growing practice, MPM-1000 is a complete Medical Practice Management System designed to meet your needs now and in the future.

For more information, call Kathy Curtis at Curtis 1000 Information Systems: (404) 241-4780 or 1-800-241-4780.

PRESCRIPTION
Use One MPM 1000 System Daily To Relieve Office Workload
MPM 1000

Curtis 1000
INFORMATION SYSTEMS

Executive Offices
2296 Henderson Mill Road
Suite 402
Atlanta, GA 30345

Please tell me more about your Prescription for Productivity

Name:

Practice Name:

Address:

City: State Zip

Phone: Specialty:

Number of Physicians:

MPM 1000
MEDICAL PRACTICE MANAGEMENT SYSTEM

The changing profile of MSMS membership

More than 80 percent of MSMS members responding to a recent survey indicate their practices are incorporated.

This is among interesting tidbits of information MSMS now may distill from its increasingly-complete membership files.

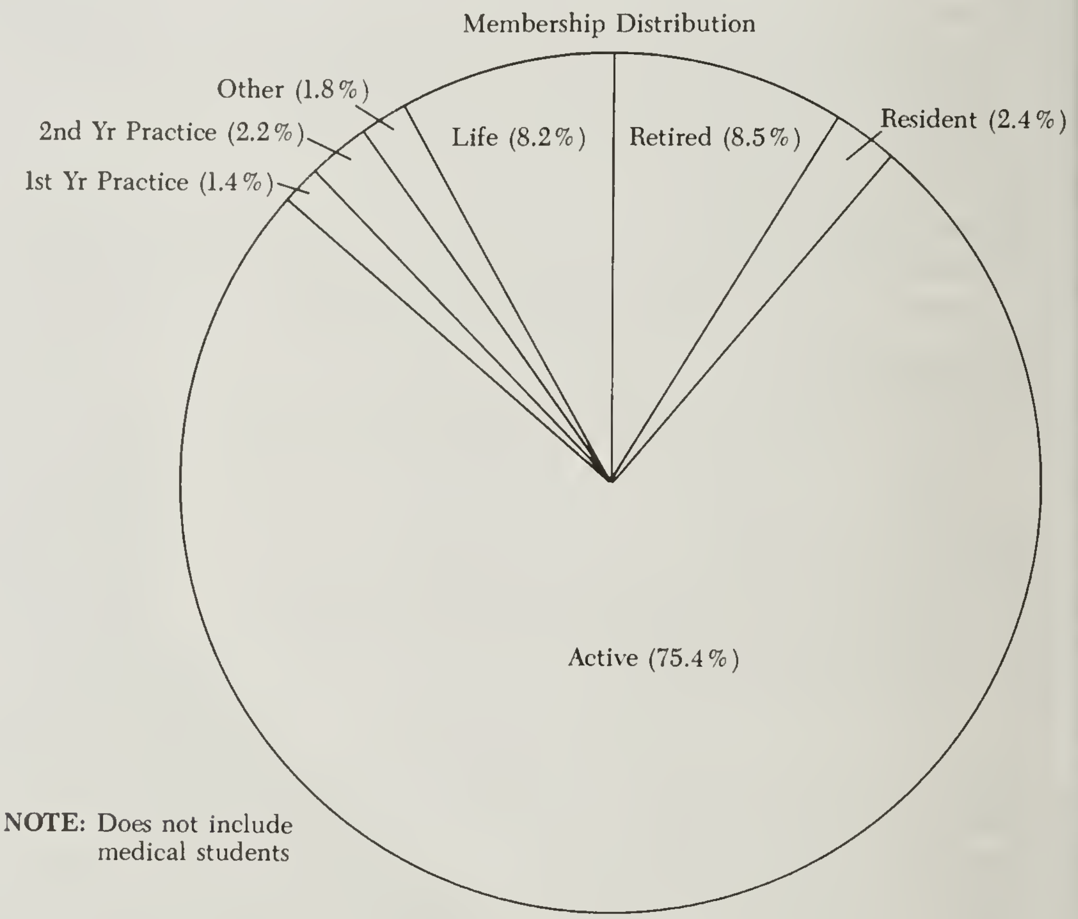
Other tidbits include numbers of Michigan medical school graduates who practice in the state, women physicians and graduates of foreign medical schools by director district and percent of active and retired specialists in each district.

In November 1984 MSMS began an ambitious project to gather demographic and statistical information on members. This year MSMS has been asking members to update their profiles.

The information gained helps MSMS better tailor its programs to its members' needs and to target services to member subgroups.

A more detailed report will follow in the October issue of *Michigan Medicine*. Until then, here is a graph summarizing some of the data gathered. Please remember this graph represents only those physicians who have responded to MSMS queries.

MSMS appreciates members' assistance in updating files, and urges those who have not already done so to provide headquarters with the latest information.



NOTE: Does not include medical students

General Membership Information

Class Type	Member Count	Average Age
Active	8090	49
1st Year Practice	151	34
2nd Year Practice	234	34
Resident	259	32
Retired	914	71
Life Member	878	78
Other		
Military	26	52
Financial Hardship	144	65
Post Graduate	5	25
Voluntary Service	22	56
TOTAL MEMBERSHIP	10,723	

— Michigan State Medical Society Membership Statistics 4/87

fore prescribing, see complete prescribing information in SK&F CO. rature or *PDR*. The following is a brief summary.

NARNING

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. f this combination represents the dosage so determined, its use nay be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

ntraindications: Concomitant use with other potassium-sparing agents ch as spironolactone or amiloride. Further use in anuria, progressive ial or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum tassium. Hypersensitivity to either component or other sulfonamide-rived drugs.

arnings: **Do not use potassium supplements, dietary or otherwise, lless hypokalemia develops or dietary intake of potassium is markedly ipaired.** If supplementary potassium is needed, potassium tablets iould not be used. Hyperkalemia can occur, and has been associated ith cardiac irregularities. It is more likely in the severely ill, with urine ilume less than one liter/day, the elderly and diabetics with suspected confirmed renal insufficiency. Periodically, serum K⁺ levels should be etermined. If hyperkalemia develops, substitute a thiazide alone, restrict ⁺ intake. **Associated widened QRS complex or arrhythmia requires rompt additional therapy.** Thiazides cross the placental barrier and ppear in cord blood. Use in pregnancy requires weighing anticipated enefits against possible hazards, including fetal or neonatal jaundice, rombocytopenia, other adverse reactions seen in adults. Thiazides ppear and triamterene may appear in breast milk. If their use is essential, ie patient should stop nursing. Adequate information on use in children s not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or ctivation of systemic lupus erythematosus has been reported with hiazide diuretics.

recautions: The bioavailability of the hydrochlorothiazide component of Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid etention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

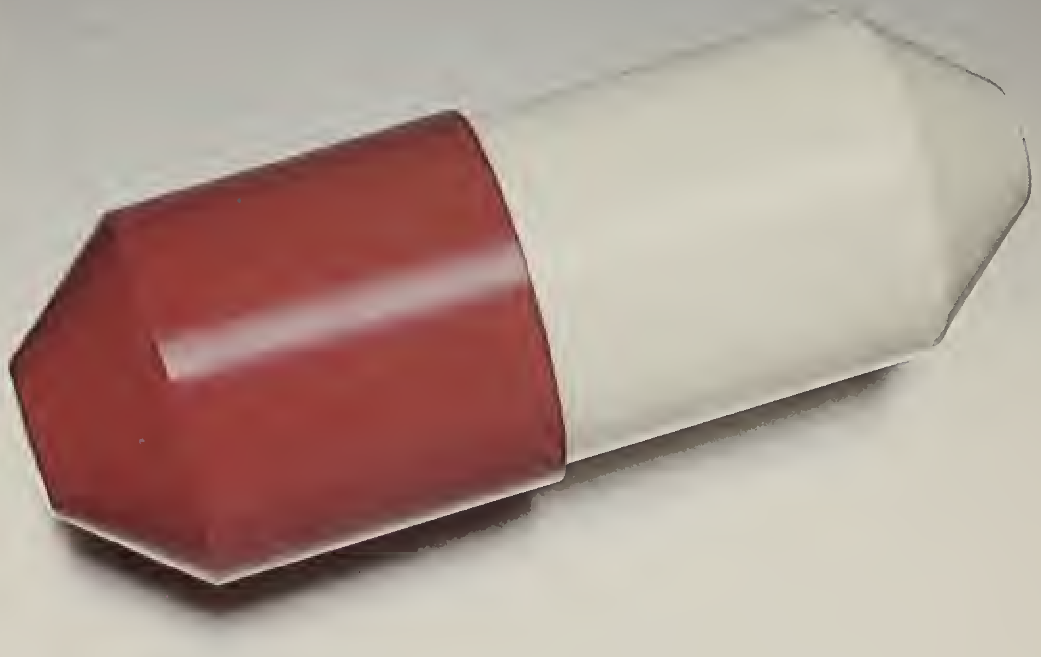
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ L42

In Hypertension*...
When You Need to
Conserve K+

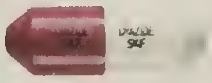
Remember the Unique
Red and White Capsule:
Your Assurance of
SK&F Quality

Serum K⁺ and BUN should be checked periodically (see Warnings and Precautions).



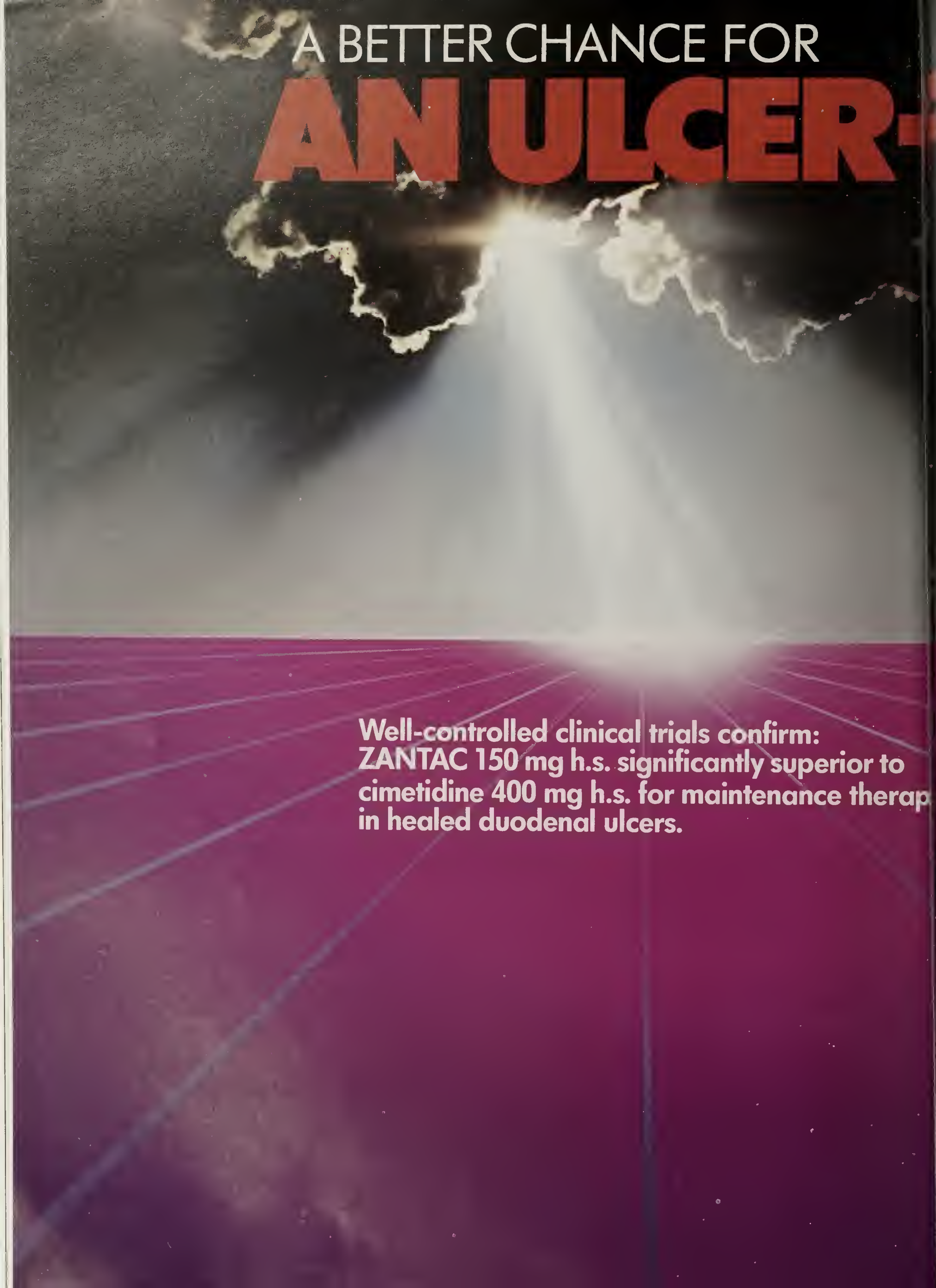
Potassium-Sparing
DYAZIDE®
25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF
Over 20 Years of Confidence

The unique
red and white
Dyazide® capsule:
Your assurance of
SK&F quality.



a product of
SK&F CO.
Carolina, P.R 00630

© SK&F Co 1983



A BETTER CHANCE FOR

AN ULCER-

Well-controlled clinical trials confirm: ZANTAC 150 mg h.s. significantly superior to cimetidine 400 mg h.s. for maintenance therap in healed duodenal ulcers.

FREE FUTURE

Percent of patients ulcer-free after 1 year of therapy

ZANTAC 150 mg h.s. (n = 60)	84%*
cimetidine 400 mg h.s. (n = 66)	57%
ZANTAC 150 mg h.s. (n = 243)	77%†
cimetidine 400 mg h.s. (n = 241)	63%

*P = 0.01 †P = 0.0004 % life-table estimates

All patients were permitted prn antacids for relief of pain.
Adapted from Silvis[1] and Gough[2]

These two trials[1,2] used the currently recommended dosing regimen of cimetidine (400 mg h.s.) and ranitidine (150 mg h.s.). A comparison of other dosing regimens has not been studied.
The studied dosing regimens are not equivalent with respect to the degree and duration of acid suppression or suppression of nocturnal acid.
The superiority of ranitidine over cimetidine in these trials indicates that the dosing regimen currently recommended for cimetidine is less likely to be as successful in maintenance therapy.

Zantac® 150 h.s.
ranitidine HCl/Glaxo 150 mg tablets

Glaxo/ROCHE® See next page for references and Brief Summary of Product Information.

ZAN375 July 1987

References: 1. Silvis SE, Griffin J, Hardin R, et al: Final report on the United States multicenter trial comparing ranitidine to cimetidine as maintenance therapy following healing of duodenal ulcer. *J Clin Gastroenterol* 1985;7(6):482-487.
2. Gough KR, Korman MG, Bordhan KD, et al: Ranitidine and cimetidine in prevention of duodenal ulcer relapse: A double-blind, randomised, multicentre, comparative trial. *Lancet* 1984;ii:659-662.

ZANTAC® 150 Tablets
(ranitidine hydrochloride)
ZANTAC® 300 Tablets
(ranitidine hydrochloride)

BRIEF SUMMARY OF PRODUCT INFORMATION

The following is a brief summary only. Before prescribing, see complete prescribing information in ZANTAC® product labeling.

INDICATIONS AND USAGE: ZANTAC® is indicated in:
1. Short-term treatment of **active duodenal ulcer.** Most patients heal within four weeks.
2. **Maintenance therapy** for duodenal ulcer patients at reduced dosage after healing of acute ulcers.
3. The treatment of **pathological hypersecretory conditions** (eg, Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of **active, benign gastric ulcer.** Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of **gastroesophageal reflux disease (GERD).** Symptomatic relief commonly occurs within one or two weeks after starting therapy and is maintained throughout a six-week course of therapy.

In active duodenal ulcer; active, benign gastric ulcer; hypersecretory states; and GERD, concomitant antacids should be given as needed for relief of pain.

CONTRAINDICATIONS: ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

PRECAUTIONS: Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy.

Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

False-positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and therefore testing with sulfosalicylic acid is recommended.

Although recommended doses of ZANTAC do not inhibit the action of cytochrome P-450 enzymes in the liver, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg, a pH-dependent effect on absorption or a change in volume of distribution).

Lack of experience to date precludes recommending ZANTAC for use in children or pregnant patients. Since ZANTAC is secreted in human milk, caution should be exercised when administered to a nursing mother.

ADVERSE REACTIONS: Headache, sometimes severe, seems to be related to ZANTAC® administration. Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain have been reported. There have been rare reports of malaise, dizziness, somnolence, insomnia, vertigo, tachycardia, bradycardia, premature ventricular beats, and arthralgias. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients.

In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 6 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocanalicular or mixed, with or without jaundice.

There have been rare reports of reversible leukopenia, granulocytopenia, thrombocytopenia, and pancytopenia.

Although controlled studies have shown no antiandrogenic activity, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Incidents of rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia, have been reported, as well as rare cases of hypersensitivity reactions (eg, bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

OVERDOSAGE: Information concerning possible overdosage and its treatment appears in the full prescribing information.

DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer: The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

Maintenance Therapy: The current recommended adult oral dosage is 150 mg at bedtime.

Pathological Hypersecretory Conditions (such as Zollinger-Ellison Syndrome): The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

Benign Gastric Ulcer: The current recommended adult oral dosage is 150 mg twice a day.

GERD: The current recommended adult oral dosage is 150 mg twice a day.

Dosage Adjustment for Patients with Impaired Renal Function: On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC, the recommended dosage in patients with a creatinine clearance less than 50 ml/min is 150 mg every 24 hours. Should the patient's condition require, the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

HOW SUPPLIED: ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-40) and unit dose packs of 100 tablets (NDC 0173-0393-47).

ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 100 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Replace cap securely after each opening.

© Copyright 1983, Glaxo Inc. All rights reserved. October 1986

Glaxo

Glaxo Inc.
Research Triangle Park, NC 27709

Give five.

What you get back is immeasurable.

Just five hours a week. Just 5% of your income. It's not much to give, to the causes you really care about. But that small investment could change somebody's life. And it's hard to imagine a better return than that.

INDEPENDENT SECTOR
Ad Council

Michigan doctors recovering in Alcoholics Anonymous

By Gerald A. Vander Voord, MD

On October 31, 1987, Michigan Doctors in Alcoholics Anonymous will celebrate twenty years of mutual sobriety and affiliation with the International Doctors in AA. The event will take place at the Sheraton Inn, Lansing in the form of an afternoon of fellowship and evening dinner with a speaker, and a Sunday morning breakfast with a spiritual send-off.

Sobriety did not come easily to those original few who started the group in Michigan, nor was it much easier to attain for those who followed in their footsteps. The original few doctors recognized each other as they began recovery from addiction at local AA meetings and decided to start their own meetings where they could be more candid and honest. As doctors in early recovery at the local level, they soon found themselves, unenviably, in the risky pretense of being authorities on recovery. Joining together in recovery with peers gave them a strength they could not achieve alone.

> **"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference."**
>
> — AA prayer

Thus, twenty years ago, the original four or five doctors met in one of their homes, the Living Room. Here they discussed their alcoholism and drug addiction and found a solution for recovery. They met on an impromptu basis, moving from home to home. Members came and went; many were lost to relapse or death. The group attracted those who wanted recovery, however, and continued to grow. Those who were persistent are persistent today and the membership has grown to over 150. Overcoming societal stigmatization of the disease still requires effort daily.

The original MDAA members met in secrecy, afraid the authorities might discover their malady, label and literally persecute them. Quietly, they reached out to other doctors who were sick and tired of being sick and tired. Newcomers who found this small but vital cluster of doctors who shared the illness soon joined MDAA, realizing it was a major hope for sobriety and survival. The group outgrew living rooms and soon was meeting on a monthly basis at Brighton Hospital, a well-known alcoholism and drug addiction treatment center.

The monthly meeting at Brighton Hospital became a Sunday evening buffet dinner for chemically dependent doctors and their spouses. After the meal, the couples split for separate AA and Al Anon meetings. As the numbers increased, new MDAA meetings were established in Lathrup Village, "Turkeyville," Lansing and Saginaw. Each of these meetings continue to thrive and attract more recovering physicians, optometrists, dentists, veterinarians, psychologists, etc. A healthy delegation from Michigan attends the International Doctors in AA conference during the first week of August each year.

The twentieth Anniversary celebration is open to recovering health care professionals and those close to them. This humble commemoration will be short on ceremony and long on fellowship. We hope to see you there.

Please direct your inquiries to: Roger L. Kuhlman, MD, (517) 627-5841 or Gerald Vander Voord, MD, (517) 351-7750. ☐

Doctor Vander Voord is medical director, MSMS Program to Assist Impaired Physicians.

Supreme Court supports malpractice arbitration statute

By Richard D. Weber

The Michigan Supreme Court has issued its most significant opinion under the Medical Malpractice Arbitration Act (MCL 600.5040, et seq.) since the Act was found constitutional in 1984 (*Morris* v. *Metriyakool*, 418 Mich, 423 (1984)). In the combined cases of *McKinstry* v. *Valley Obstetrics-Gynecology Clinic, PC* and *Guertin* v. *Marella* (Docket Nos. 77531,78140, decided May 8, 1987), the Supreme Court was confronted with two critical issues. An adverse decision on either issue would have crippled the Medical Malpractice Arbitration Act. MSMS legal counsel filed an amicus curiae brief on behalf of MSMS. The arguments supported by MSMS prevailed and Michigan physicians will be the beneficiaries.

First, the Court was confronted with the question of which party bears the burden of proof relative to the validity of the arbitration agreement. The Court held that the arbitration agreement was executed by the patient in conformity with the statutory requirements, the burden of avoiding the agreement shifts to the plaintiff/patient. That is, the Supreme Court held that the burden of establishing that the plaintiff knowingly, intelligently, and voluntarily waived his right to a jury trial is on the plaintiff/patient, not the physician or hospital. This ruling supersedes recent decision of the Court of Appeals holding to the contrary.

The court opined that the decision to arbitrate a medical practice dispute . . . is not tantamount to deprivation of a fundamental constitutional right.

The constitutional analysis by the Supreme Court is significant. The plaintiffs argued that there is a fundamental constitutional right to a jury trial in a malpractice case and, therefore, the burden should not shift to the plaintiff/patient to prove the invalidity of the agreement. The court disagreed and held that under the Michigan Constitution the right to a jury trial in a civil action is permissive, not absolute. That is, the right can be waived. Moreover, the Court recognized that the United States Supreme Court has held that the Constitution of the United States does not confer a federal constitutional right to a jury trial in state court civil cases. The Court opined that the decision to arbitrate a medical malpractice dispute and the consequential waiver of a jury trial is not tantamount to deprivation of a fundamental constitutional right. The effect of this holding on future malpractice cases may be significant.

From the practical standpoint, this decision is essential. It would be literally impossible for physicians or hospitals to prove the subjective state of mind of patients. To require the hospital or physician to prove that the patient knowingly, intelligently and voluntarily signed the agreement would impose an impossible impediment and otherwise frustrate the purpose of the Medical Malpractice Arbitration Act.

In requiring that the health care provider establish that the arbitration agreement was executed by the patient in conformity with the statutory requirements, the Court further provided important evidentiary guidelines. The Court held that the defendant may present evidence to sustain this burden by proof of habit or routine utilized by the hospital or physician office personnel. The court recognized that it would be unrealistic to expect specific recall on the part of admitting office personnel in each individual case.

The second issue decided by the Court was also critical. The Court held that a mother could bind her child to arbitration where she signed the agreement

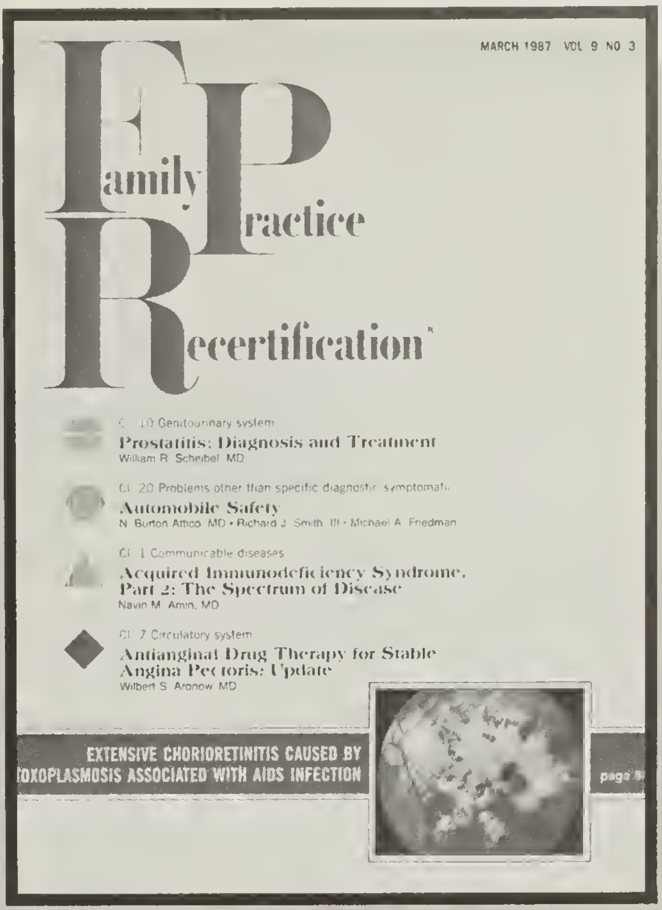
Continued on page 534

Mr. Weber is with the law firm Kerr, Russell and Weber, Detroit, MSMS legal counsel.

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit

PRACTICAL ▪ CLINICAL ▪ EDUCATIONAL ▪ CURRENT



MARCH 1987 VOL 9 NO 3

Family Practice Recertification®

C 10 Genitourinary system
Prostatitis: Diagnosis and Treatment
William R Scheibel MD

CI 20 Problems other than specific diagnostic symptomatic
Automobile Safety
N Burton Attico MD • Richard J Smith III • Michael A Friedman

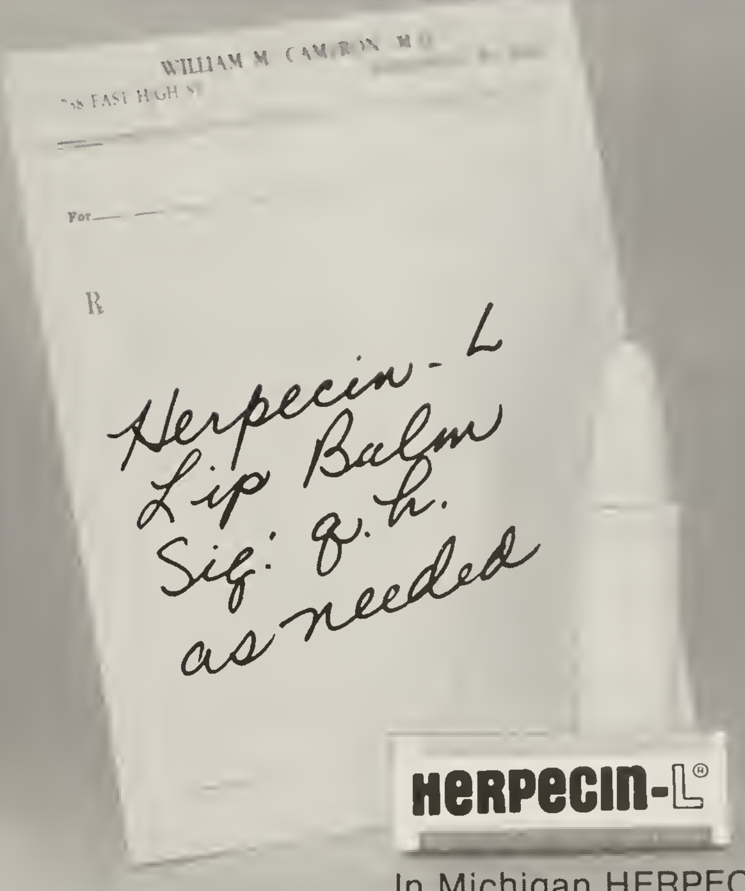
CI 1 Communicable diseases
Acquired Immunodeficiency Syndrome, Part 2: The Spectrum of Disease
Navin M Amin, MD

CI 7 Circulatory system
Antianginal Drug Therapy for Stable Angina Pectoris: Update
Wilbert S Aronow MD

EXTENSIVE CHORIORETINITIS CAUSED BY TOXOPLASMOSIS ASSOCIATED WITH AIDS INFECTION

page

Dx: recurrent herpes labialis



WILLIAM M CAMERON M D
58 EAST HIGH ST

For

R

Herpecin-L
Lip Balm
Sig: q.h.
as needed

HERPECIN-L®

"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough.**" DDS, MN

"HERPECIN-L®. . . a **conservative approach** with **low risk/high benefits.**" MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed** . . . remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior.**" DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

ARBITRATION/Continued

to arbitrate while her child was in utero. This holding, interpreting the legislative intent, is a departure from the common-law rule that a parent has no authority to waive, release or compromise claims by or against a child, whether born or unborn. However, the Court held that this common-law rule can be modified or abrogated by statute and that this ruling clearly represented the intent of the drafters of the statute. A contrary ruling would have eliminated the use of arbitration for one of the specialties hurt most by the malpractice crisis—obstetricians and the so-called bad baby cases.

It is significant to note that this decision was authored by Justice Griffin, one of our two new justices. Justice Griffin was joined by Chief Justice Riley and Justices Levin, Brickley and Boyle. Justice Cavanagh dissented, based upon his views expressed in *Morris* v. *Metriyakool*, supra, wherein he represented a minority view that the Medical Malpractice Arbitration Act is unconstitutional. Justice Archer, our other new Justice, strongly dissented. Justice Archer opined that the Act entails the waiver of a fundamental right and, therefore, the burden of establishing that the waiver was knowing, voluntary and intelligent should be placed upon the health care provider, not the patient. ☐

'LECTRONIC PEGBOARD

- Easy to Learn w/onsite Training
- Easy Search of Patients Med-notes for Letter Writing and Office Management
- Proven Success Record of Michigan Installations

Features:

- Telecommunications Billing For Faster Payment
- Print Claim Form For Private Insurance
- Print Patient Statements
- ONE WRITE ENTRY System Provides Fast Easy Posting of Charges and Payments
- Provides Daily Journal with MTD Totals
- Month End Reports
- Multiple Physicians

CVS Colonial Valley Software, Inc.
3398 S. Dye Road, Flint, MI 48507 Telephone (313) 733-6070

insight

MSMS PUBLIC AFFAIRS LEADERSHIP CONFERENCE

Wednesday, October 21, 1987
Clarion Hotel & Conference Center, Lansing
For details contact Sherry Wellman
at MSMS headquarters.

Michigan State Medical Society

It's everything special under the sun..........

February 22-29 1988
March 14-21 1988

From $849.00 per person
Detroit Departure

This unique itinerary offers you an unforgettable cruise experience visiting San Juan and its walled city; the busy waterfront of Charlotte Amalie in St. Thomas; Dominica-a tropical hothouse of exotic plants, animals and people;Bequia-a sundrenched paradise; Barbados-very British, friendly , and very beautiful; Martinique-birthplace of Napoleon's Josephine, and where Gaugin lived and worked; St. Kitts- rich in vegetation and virgin rain forests alive with the sound of hummingbirds.

mv THE AZUR

SPACE IS LIMITED!
SIGN UP SOON!

OPEN TO MEMBERS,THEIR FAMILIES AND FRIENDS.

TOUR INCLUDES

- * Round-trip L-1011 jet air transportation.
- *Seven days cruising to seven exciting ports of call.
- * Eight meals per day.
- *Transfers via air-conditioned motorcoaches and porterage.
- *Trans Global Tours escort will host your cruise.
- * And much, much more.....

FOR ADDITIONAL INFORMATION
CALL OR WRITE:
TRANS GLOBAL TOURS, INC.
8200 Normandale Boulevard, Suite 504
Minneapolis, MN 55437
USA toll Free:: 1-800-328-6264

OR
MICHIGAN STATE MEDICAL SOCIETY
ATTN:DONNA FAROUGI
120 West Saginaw Street
East Lansing, Michigan 48826-0950
(517) 337-1351

PHYSICIANS IN THE NEWS

Logsdon

Margolis

Muldoon

Rowe

Sargent

Whittenberger

Douglas A. Sargent, MD, JD, Grosse Pointe Farms, directed the American Medical Association's part in a study of physician suicide. . . . **Maurice Castle, MD**, and his wife, Helen were featured in a *Detroit Free Press* article about their work at Mt. Carmel's Neuromuscular Institute. . . . **James P. Muldoon, MD**, Grand Rapids, received the Clifford Emerson Hardwick Award from the American Society of Colon and Rectal Surgeons. . . . **F. Howard Hague, MD**, was honored as 1987 Citizen of the Year by the St. Ignace Area Chamber of Commerce. . . . **Charles Franklin Limbach**, East Lansing, was awarded one of 29 SmithKline Beckman Medical Perspectives fellowships. His project is to investigate the significance of touch in modern medicine and to develop and promote an appropriate curriculum on the subject. . . . **Douglas L. Wood, DO, PhD**, Mt. Clemens, has been named associate dean of the College of Osteopathic Medicine at MSU. . . . **Philip Margolis, MD**, Ann Arbor, will head a Quality Care Task Force to review staffing and safety conditions at Michigan's psychiatric facilities. . . . **Linda Logsdon, MD**, Franklin Village, has been elected to a three-year term as Trustee-at-Large on the Board of Trustees of the American Psychiatric Association. . . . **Peter LeWitt, MD**, Birmingham, will direct a local study for a National Institutes of Health project on Parkinson's Disease. . . . **Robert N. Whittenberger, MD**, Grand Rapids, has been appointed medical director for Travelers Health Network, a new preferred provider organization in western Michigan. . . . **William S. McCune, MD**, Petoskey, has written his second novel, titled, *A Doctor is Born* . . . **Robert Clifford, MD**, Owosso, was honored for 25 years of service to the people of Shiawassee County. . . . **Orlando J. Miller, MD**, Bloomfield Hills is the new director of the Center for Molecular Biology at Wayne State University. . . . **Peter B. App, MD**, Grand Rapids, has been appointed the medical director of the River Valley Recovery Center. . . . **Michael J. Brennan, MD**, Detroit, is on the Scientific Advisory Board to the Council for Tobacco Research U.S.A., Inc. . . . **Mary Milroy, MD**, and **William Wyatt, MD**, were named corecipients of the Outstanding Resident Teaching Award by the Flint graduating class of the MSU College of Human Medicine . . . In Grand Rapids, the MSU College of Human Medicine Teacher of the Year Award was received by **Roxie Albrecht, MD.** In Saginaw, the 1987 recipient of this award is **Bill Wilson, MD.** . . . **Daniel F. Hoheim, MD** was named the recipient of the first Zeile Scholarship as the outstanding Second Year Resident of the MSU College of Human Medicine in Saginaw. . . . **Ken Rowe, MD**, Hancock, and his wife Margaret, are the recipients of the Distinguished Family Award from Suomi College. . . . **Scott Swisher, MD**, East Lansing, is the councillor of the Gamma Chapter of Alpha Omega Alpha at MSU. Others inducted at the charter ceremony on May 8 were MSU College of Human Medicine Dean, **W. Donald Weston, MD**, and MSU alumnus **Patrick C. Alguire, MD**. Doctor Weston also was elected to the administrative board of the Council of Deans of the Association of American Medical Colleges. ☐

Is your liability protection worth a million?

If you want million-dollar liability coverage, contact —

Michigan Physicians
mutual liability company.

You can elect one of four claims-made insurance options. One of those options can increase your policy limits to $1 million — at a premium that's less than you're currently paying for our $200,000/$600,000 occurrence coverage.

Increase your protection and reduce your premium now.

Even if you don't need higher policy limits, you might save half the cost of your present occurrence coverage by converting to our claims-made plan.

For more information, please fill out and send us the coupon below.

Michigan Physicians
mutual liability company
P.O. Box 1471
East Lansing, MI 48826-1471

Name: ______________________________

Address: ______________________________

City: ______________________ Zip ____________

I'm interested in claims-made limits of:

☐ $1 million/$1 million
☐ $500,000/$1 million
☐ $200,000/$600,000
☐ $100,000/$300,000

"Listen, learn and lead" lessons of candidate school

By Charles C. Vincent, MD

Do you feel DRGs, MPRO or HCFA will improve the health care we deliver our patients?

Do you feel the current tort system is fair and that there is no liability crisis?

Do you believe the AIDS crisis is appropriately controlled?

Do you believe your community's educational system is effective and competitive and will prepare your children for jobs of the future?

Do you believe teen pregnancy, abortion, cancer, genetic and ethical issues are problems best solved by lawyers?

Do you feel your tax dollars are appropriately spent?

If your answer to any of the above questions is yes—please turn to the next article in this journal (but first call a member of the Michigan Psychoanalytical Society for an emergency appointment).

Run for office

If you are oriented to time and place, are mobile and capable of taking nourishment, your answer probably is *no*. If so, read on.

And please consider being a candidate for public office to help meet your community's needs for better representation.

I have made the decision to do so. To help prepare for the challenge of public office, I recently attended an AMA/AMPAC "Being a Candidate" seminar in St. Louis. Also attending the seminar was Nancy Crandall, Muskegon, past president of the MSMS Auxiliary.

Doctor Vincent

Following are some of the highlights of that seminar:

Congressman Newt Gingrich (R-Georgia) spoke on the shape of American politics. He defined democratic politics as the profession of "learning how to help people govern themselves." He stressed the need for physician involvement as Congress considers national issues such as health care policy, AIDS and tort reform. He told us the typical congressional district is comprised of 500,000 people. The cost of an election is $250,000 or $.50/person—a small price for leadership.

He suggested a physician intending to run for any political office should: 1) Organize early; 2) Develop issues; 3) Stress his/her role as the patient's friend and 4) Adhere to the political rules of "listen, learn and lead."

Ms. Daryl Glenney, professional campaign consultant, suggested a candidate first evaluate why they wish to run for office and what is marketable about them. She discussed intricacies of the campaign, such as how to dress (men-blue shirt and tie with red; women-nothing that distracts from their faces). The most difficult issues to face she said include exposing yourself and family to the media, and asking for money.

How to organize

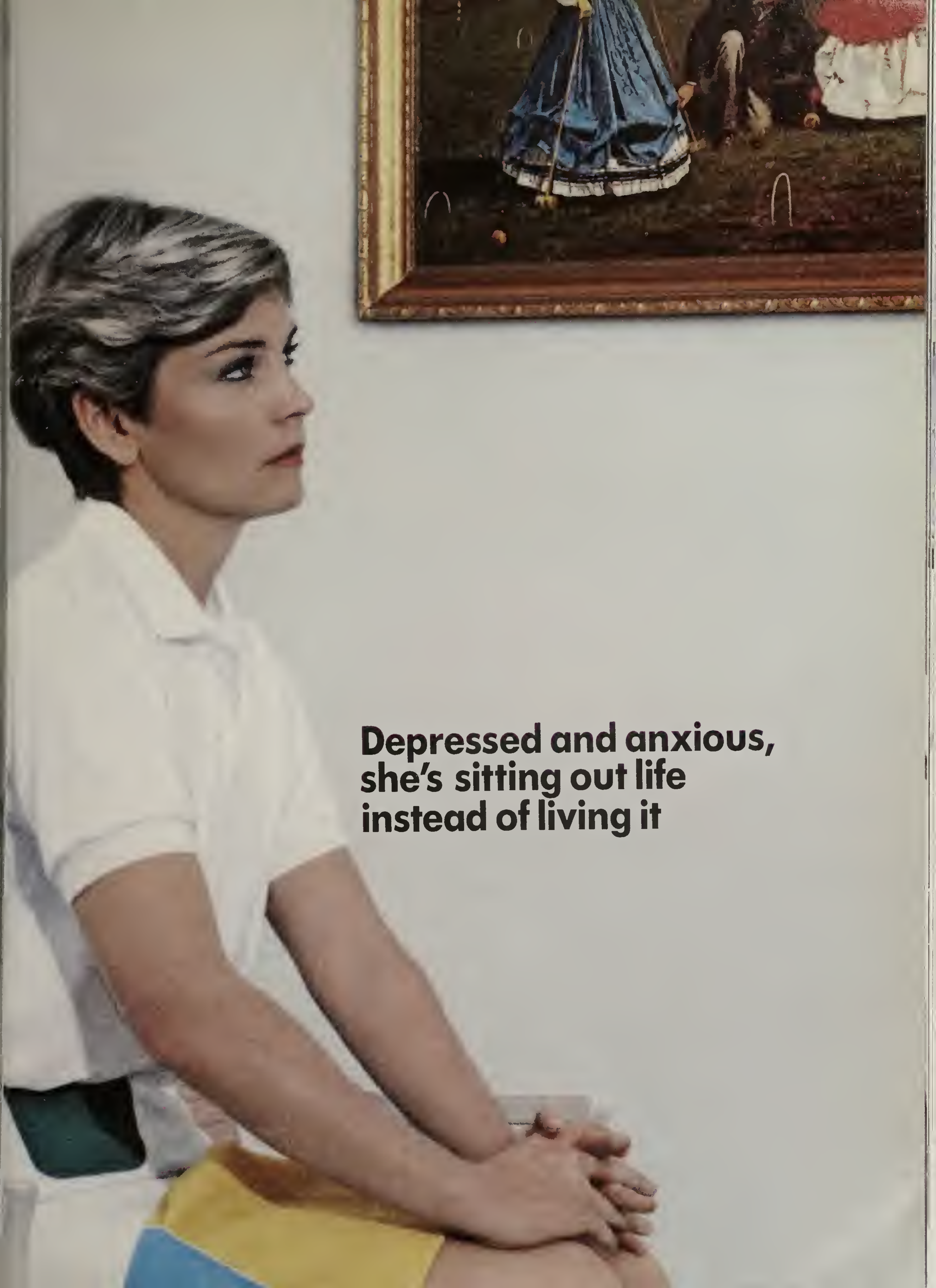
In "Putting it Together", Susan Johnston, director, AMPAC division of Political Education, listed the candidate's necessary organization:

- A group of friends as key advisors.
- One person to control the speaking agenda.
- Political consultant.
- Media person.
- Volunteers.
- Secretarial staff.
- Platform issues division.
- Absentee ballot committee.

Other speakers talked about gathering demographic statistics of your potential constituency, developing campaign strategy, support and actual campaign experiences.

A panel at day's end emphasized the success rate of physician candidates. They discussed the frequency with which outstanding leaders had been defeated in election only to continue pursuing their goals to victory.

If there was one salient point stressed throughout this meeting it was the statement of Mary Kasten (R-Missouri): "You forfeit the right to complain if you don't work to correct the blame."☐


Depressed and anxious, she's sitting out life instead of living it

From "looking"...

ROCHE Copyright © 1987 by Roche Products Inc. All rights reserved.

to "living."...

FOR FAST RELIEF OF MODERATE DEPRESSION AND ANXIETY

See the difference in the first week[1]

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

PROTECT YOUR DECISION. WRITE "DO NOT SUBSTITUTE."

Please see summary of product information on adjacent page.

FROM LOOKING...TO LIVING...

to smiling again!

The rewards of Limbitrol

In moderate depression and anxiety:

- Rapid results—62% of total four-week improvement within a week versus 44% with amitriptyline[1]
- Earlier relief of associated somatic complaints[2]
- Fewer dropouts due to side effects—only ⅓ the rate of those patients taking amitriptyline, although the incidence of side effects is comparable[1]
- Fast improvement with less amitriptyline—⅓ to ½ the dose of patients taking amitriptyline alone[3]

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

SEE THE DIFFERENCE IN THE FIRST WEEK[1]

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

PROTECT YOUR DECISION. WRITE "DO NOT SUBSTITUT

References: 1. Feighner JP, *et al* *Psychopharmacology* 61 217-225, Mar 22, 1979 **2.** Data on file, Hoffmann-La Roche Inc., Nutley, NJ. **3.** Dixon R, Cohen J. *J Clin Psychopharmacol* 3:107-109, Apr 1983

Limbitrol® Ⓘⓥ
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety
Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.
Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (e.g , operating machinery, driving)

> ***Usage in Pregnancy:* Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage, withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).
Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady state concentrations of the tricyclic drugs. Concomitant use of Limbitrol with other psychotropic drugs has not been evaluated, sedative effects may be additive. Discontinue several days before surgery Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12 In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.

Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have be observed rarely.
The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:
Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythm heart block, stroke.
Psychiatric. Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.
Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyram symptoms, syncope, changes in EEG patterns.
Anticholinergic· Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.
Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.
Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.
Gastrointestinal· Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.
Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement. galactorrhea and mir menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion.
Other Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling
Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning See complete product information for manifestations and treatment.
Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effectiv dosage when satisfactory response is obtained Larger portion of daily dose may be taken at bedtime. Single h.s. dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses.
How Supplied: *Double strength (DS) Tablets*, white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets*, blue, film-coated, each containin 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt). Available in bottles of 100 and 500; Tel-E-Dose* packages of 100, Prescription Paks of 50.

ROCHE

ROCHE PRODUCTS INC.
Manati, Puerto Rico 00701

P I 05

A discussion: claims-made policies vs. occurrence

By Herman Coleman

These comments are from Mr. Coleman's May 28 presentation at MSMS' Critical Issues Forum at the Wayne County Medical Society.

I know that the issue of malpractice insurance remains one of paramount concern to all physicians in this state. I was pleased that the rate increases for the two major insurers were 15 percent and 20 percent for 1987, as compared to the enormous increases of 50 percent and 70 percent for 1986. Rates had been underestimated in the past and the large increases in 1986 simply brought them up to the proper point. It is our expectation that increases will stabilize at around 15-20 percent per year. I am happy to be able to report that the fiscal health of those companies is somewhat improved.

The introduction of claims-made policies should help to avoid wide fluctuations in rate increases in the future and add to their stabilization. Claims-made policies differ from occurrence policies in that under occurrence policies claims filed for injury or damage are covered by the policy in effect at the time the claim is actually made. Some advantages of claims-made policies are:

- They reduce arguments and litigation over which policy responds to a particular claim for injury or damage.

Mr. Coleman

"The introduction of claims-made policies should help to avoid wide fluctuations in rate increases."

- Today's claims are covered by today's policy with up-to-date limits of insurance reflecting current legal and economic environment.
- They introduce greater certainty into the rate-making process allowing actuaries to more accurately price the coverage.
- They offer a rate discount in the early years to reflect the fact that not all claims will be reported in the initial policy term.

On the other hand, claims-made policies are not without disadvantages: the most significant being the possibility of coverage gaps. If you have such a policy at the time of retirement or discontinuation of your practice, further premiums may be required to purchase extended coverage to cover subsequent claims and to avoid a gap in coverage.

While these premiums usually are rather substantial, some medical malpractice insurers do offer extended reporting periods upon retirement or death at no additional charge. This should be thoroughly reviewed with your agent or insurance company prior to purchasing the policy.

Costs

The total cost of a claims-made policy versus an occurance policy during the course of active practice is generally about the same. However, with the claims-made policy, the premiums are lower in the early years with gradual increases and then a substantial premium for extended coverage at retirement; whereas the occurrence policy has costs more evenly distributed over the years. Claims-made policies do provide a viable alternative to the usual occurrence policy, however, I advise that they be purchased only after careful consideration and with a great deal of caution.

I am aware that some offshore

Continued on next page

Mr. Coleman is Commissioner of Insurance for the state of Michigan.

POLICIES/Continued

and surplus lines companies are selling coverage to physicians in Michigan. Again, I would urge extreme caution in purchasing coverage from such companies. These companies are not licensed and regulated by the state, nor are they covered by the Guaranty Fund. The Guaranty Fund is controlled by a board of directors appointed by the Insurance Commissioner and it is funded by assessments levied on all licensed insurers.

The Fund backs any licensed company that becomes insolvent. However, since the offshore and surplus lines companies are not licensed by the state, in the event of insolvency, they are not covered by the Guaranty Fund. We presently have approximately 500 people insured with these companies. This figure includes some hospitals, but the majority are doctors.

I am happy to report that we have recently licensed Commercial Risk Underwriters Insurance Company of Nebraska to transact business in Michigan. It is their intention to market professional malpractice insurance, along with other lines in this state. It is my understanding that they are in the process of developing products with full sales expected to begin as soon as possible. We also have a filing pending from Continental Insurance Company to write claims-made policies. It is anticipated that they will be able to begin writing business within 30-60 days.

Continued on page 546

You've Known Us
For Our Quality...
Now Test Our Service

M Labs
Department of Pathology
University of Michigan
Medical Center

Specialty Reference Laboratory Testing
- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology
- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

1500 E. Medical Center Drive
Medical Science Bldg. I
M5221/0602
Ann Arbor, MI 48109-0602

313-936-2598

800-862-PATH

Peter A. Ward M.D.
Chairman

Kenneth D. McClatchey M.D.
Associate Chairman
Director, M Labs

Eugene M. Silverman M.D.
Associate Director, M Labs

COSTA DEL SOL
Spain

PARADISE IN THE SUN

LUXURY CONDOMINIUMS

1-4 Bedrooms

Financing — Lloyd Bank

FREE

* 3 Bedroom Condo — 1 week
* 2 Tickets — Fly Concorde
Return QE2 from N.Y.

*with each purchase

TEL: (313) 334-3197, 646-3828

COLEMAN/Continued

Risk management

PA 173 was signed into law on July 6, 1986. Section 2404 requires that insurers develop a rating plan on the basis of risk management techniques implemented by the insured. It is hoped that risk management efforts will lead to fewer incidents and therefore, reduced premiums. I would encourage you to talk to your insurer to determine whether you receive credit for positive risk management techniques.

The Life and Health Advisory Committee has been meeting regularly for the past year to discuss current issues and problems and encourage open communication between the Insurance Bureau and the industry. Some of the areas currently under review are the establishment of voluntary standards for cancer and dread disease policies, hospital indemnity policies and long-term care policies. The Bureau recognizes the need and market for these types of coverage. It is hoped that such standards would provide adequate consumer protection; however, if they are not effective, we would move toward legislative action. ☐

— Laboratory of Clinical Medicine —

Diagnostic Laboratory Specialists

517-372-8180 • 800-292-4543

- Reliable Laboratory Testing
- Accredited by College of American Pathologists
- 20 year tradition of quality
- House calls and true 'STAT' service
- Computerized reports and billing

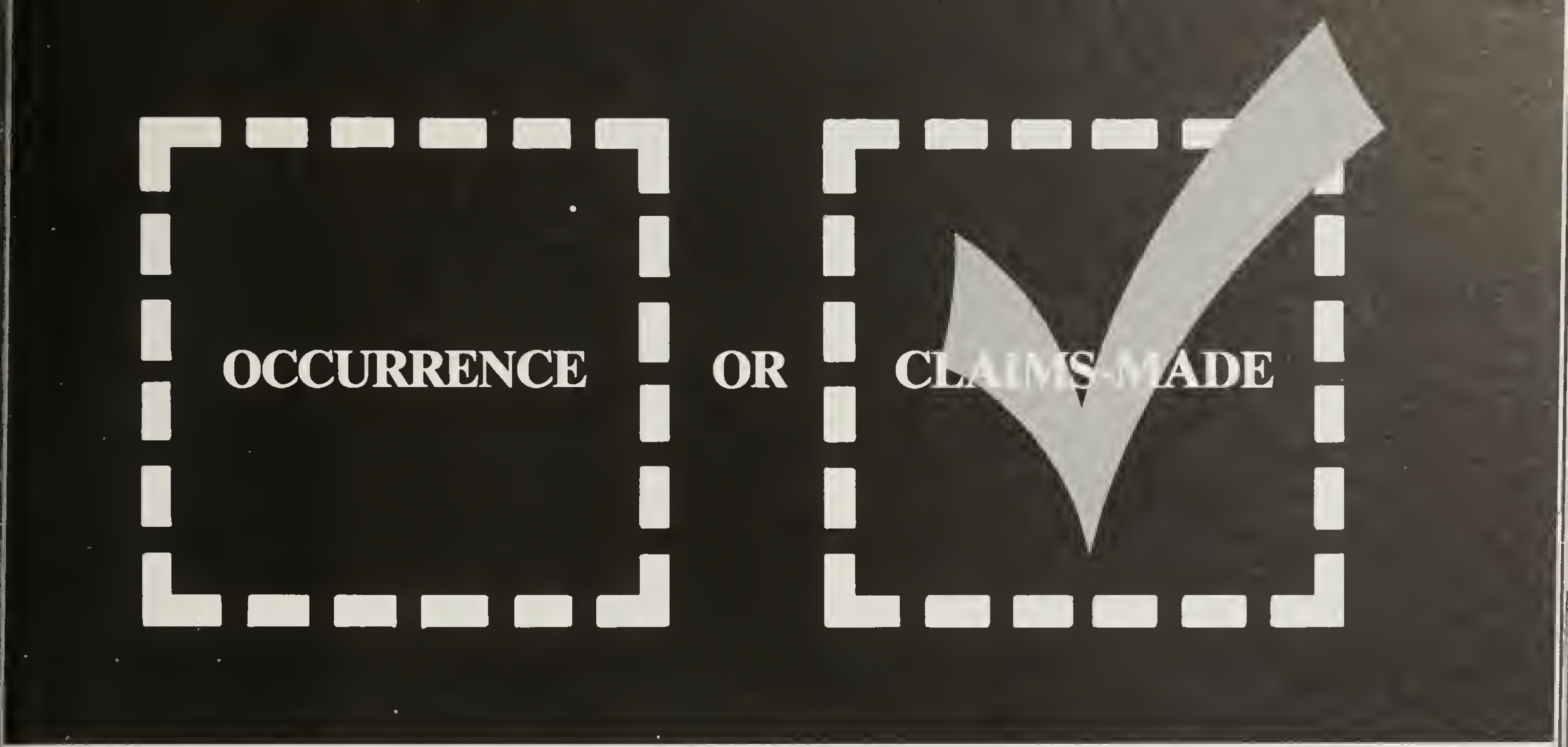
LABORATORY OF CLINICAL MEDICINE
MID-MICHIGAN REFERENCE LABORATORY, II, INC.

Professional Staff
Director
W.E. Maldonado, M.D.
Pathologists
J.J. Gillespie, M.D.
R.N. Horowitz, M.D.
R.H. Knapp, M.D.
J.G. Lyday, M.D.
L.R. Simson, Jr., M.D.
S.P. Pradhan, M.D.
R. Tyler, M.D.
Ph.D. Clinical Scientists
J.W. Dyke, Ph.D.
K.W. Dobra, Ph.D.
J.R. Kateley, Ph.D.
J.R. Melvin, Ph.D.
M.K. Oaks, Ph.D.
R.B. Foy, Ph.D.
S.E. Stuart, Ph.D.
M.C. Wimmer, Ph.D.

Corporate Office
6433 S. Pennsylvania Ave.
Suite 300
Lansing, MI 48911

Laboratory Services
Chemistry
Hematology
Toxicology
Microbiology
Virology
Immunology
Blood Banking
Transplantation
Endocrinology
Infertility
Surgical Pathology
Dermatopathology
Electron Microscopy
Flow Cytometry
Cytogenetics
Cytology

Lansing Locations:
- *930 E. Mt. Hope*
- *625 S. Waverly*
- *1322 E. Michigan #102*
- *2909 E. Grand River #104*



The Claims-Made Choice Can Save You Thousands in 1987.

PICOM's New Claims-Made Professional Liability Policy

If you qualify, you can

. . . Save thousands of dollars on your 1987 premiums.

. . . Continue to save each year.

. . . Obtain free tail coverage at retirement.

. . . Select higher limits now.

. . . Increase your limits in future years to cover both your past and future practice.

For full details, contact Physicians Insurance Company of Michigan, 4277 Okemos Road, Box #1000, Okemos, Michigan 48864.

Or call our CLAIMS-MADE HOTLINE: 1-800-338-7343.

PICOM
PHYSICIANS INSURANCE
COMPANY OF MICHIGAN

Claims Made
What are the answers?

Survey shows journal is well read

By Judy Marr, Editor

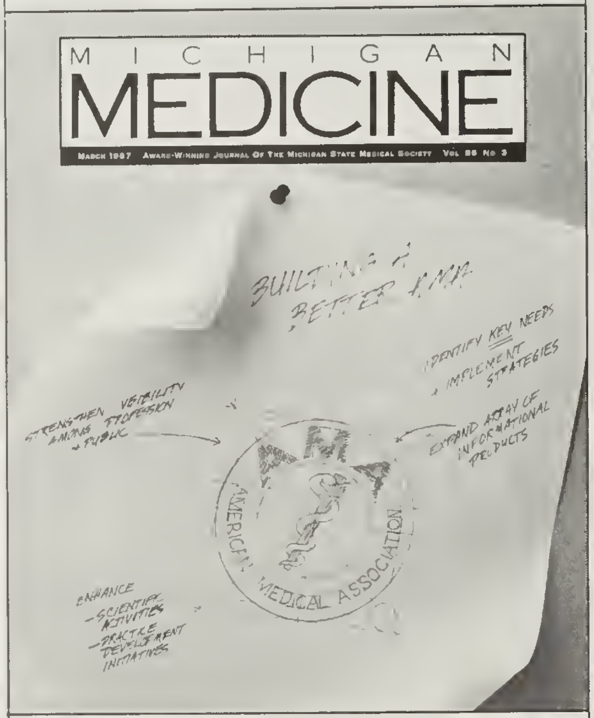
On average, each issue of *Michigan Medicine* is seen by 76 percent of potential readers.

This is according to MSMS members surveyed this spring by Health Industries Research (HIR) of Wilton, CT.

HIR selected 200 MSMS members at random to ask them about their *Michigan Medicine* reading habits. Nearly seventy percent of surveys were returned.

Other findings of the survey were:

- Seventy-three percent of respondents see three of four *Michigan Medicine* issues.
- Fifty-five percent of respondents read cover to cover or read and look through the entire issue.
- Eighty-nine percent of respondents said they wish to continue receiving *Michigan Medicine*.


MICHIGAN
MEDICINE
MARCH 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL 86 NO 3
BUILDING A BETTER AMA
IDENTIFY KEY NEEDS + IMPLEMENT STRATEGIES
STRENGTHEN VISIBILITY AMONG PROFESSION + PUBLIC
EXPAND ARRAY OF INFORMATIONAL PRODUCTS
AMERICAN MEDICAL ASSOCIATION
ENHANCE
-SCIENTIFIC ACTIVITIES
-PRACTICE DEVELOPMENT INITIATIVES

- Average reading time per issue of respondents is 27 minutes.
- Medical and legislative news, Board of Medicine actions and the president's page have the highest readership rates.

Michigan Medicine was one of 11 state medical journals surveyed for the State Medical Journal Advertising Bureau of Oak Park, IL. The survey was the research firm's second study in nine years for the Bureau, also known as the State Journal Group.

"State journals studied here are—without exception—very well read," reports the executive summary of the firm's report. "In general, all state journals studied have strong readership profiles."

Other journals included in the study were those of Georgia, Kansas, Kentucky, Louisiana, Maryland, New Jersey, Pennsylvania, South Dakota, Texas and West Virginia.

The SMJAB includes 30 state medical society publications. It is a non-profit consortium organized to solicit national pharmaceutical advertising as a group. ☐

Improve Cash Flow with Billing and Collection Management...

...as part of a medical practice review including:

- Billing reviews
- Collection management
- Fee studies
- Building of internal financial control
- Staff recruiting, staffing levels & performance
- Office procedures manual & job descriptions
- Review of computer support needs

Call Ben Carter, at (313) 352-2500 for a free 1/2 hour consultation session.

PLANTE & MORAN Management Consultants
Certified Public Accountants
11 Michigan Offices

Medical Alert
SpeechAid™
LINE FEED
REPEAT
RESET
LOVE TO THANKS

Deco-Phone

Emergency Call
System (ECS)
Medical Alert

Voice-A-Matic 100

Servox
Electro
Larynx

W6T-K-M Amplified Receiver
Handset* *Registered trademark
of Walker Equipment Corp

SpeechAid*
*Registered trademark
of Intex Micro
Systems Corp

Feature Phone V*
*Registered
trademark of
TeleConcepts, Inc

Superprint 400 (TDD)

We can make it easier for your handicapped patients to use the phone.

If you have patients with special communications needs, have them visit one of Michigan Bell's Telecommunications Quality Centers for the Handicapped. They'll find plenty of state-of-the-art communications products, ranging from large button telephones like Deco-Phone for those with sight or dexterity loss to Electro Larynxes and Telecommunications Devices for the Deaf (TDD), such as the Superprint 400. And, of course, they'll find a trained staff that's ready to help make using the phone as simple and easy as possible.

For more information, call or visit one of our Centers. Each is open Monday through Friday from 8:30 a.m. to 5:00 p.m.

Telecommunications
Quality Center
for the Handicapped

26200 Greenfield
Suite 43
Oak Park, MI 48237
1 800 482-3141 (TDD)
1 800 482-8254 (Voice)

1365 Cass Ave.
Room 102
Detroit, MI 48226
(313) 223-8732
(Voice/TDD)

221 N. Washington
Lansing, MI 48933
1 800 525-7134
(Voice/TDD)

114 North Division
Grand Rapids, MI 49503
1 800 525-9628
(Voice/TDD)

Michigan Bell
AN AMERITECH COMPANY
Helping you communicate℠

DEATHS

Paul G. Brownell, MD
Grosse Pointe Park

Doctor Brownell died April 20 at the age of 78. He recieved his medical degree from Wayne State University in 1933. Doctor Brownell had been a Major in the US Army and served from 1941 to 1945. He specialized in obstetrics/gynecology and was affiliated with Highland Park and Grace hospitals until retirement.

Ralph D. Ettinger, MD
Fenton

Doctor Ettinger died May 17 at the age of 72. He received his medical degree from the University of Illinois in 1941. Doctor Ettinger served in the US Army from 1952 to 1955. He was a general practitioner affiliated with Hurley and McLaren hospitals in Flint. He was a member of Phi Beta Pi medical fraternity, the Kiwanis Club and the Genessee County Medical Society.

James C. Gilliam, MD
Detroit

Doctor Gilliam died April 22 at the age of 76. He received his medical degree from Howard University, Washington, DC in 1936. Doctor Gilliam served on the staff of Southwest Detroit hospital and practiced medicine for over 50 years. He was a fellow of the International College of Anesthesiology, a member of Omega Psi Phi fraternity, the NAACP, Detroit Medical Society and the Wolverine Medical Association.

Herbert Goldstein, MD
Birmingham

Doctor Goldstein died April 24 at the age of 60. He received his medical degree from New York University in 1949, and was affiliated with Detroit Memorial, Providence, Sinai and Brent General hospitals. He specialized in internal medicine. Doctor Goldstein served in the US Air Force as a flight surgeon in the Korean War. He was a member of the Oakland County Medical Society, a fellow in the American College of Utilization Review Physicians, a patron of the Detroit Symphony Orchestra, and was director of medical management for Selectcare.

Edward A. Hoffman, MD
Dearborn

Doctor Hoffman died April 25 at the age of 69. He received his medical degree from Wayne State University in 1943, and was affiliated with Detroit Memorial Hospital. Until his retirement in 1981, Doctor Hoffman operated the Hoffman Clinic in Detroit. He was an army Captain in World War II. Doctor Hoffman was a member of the Masons and the Wayne County Medical Society.

Raymond B. Kraft, MD
Boca Raton, FL

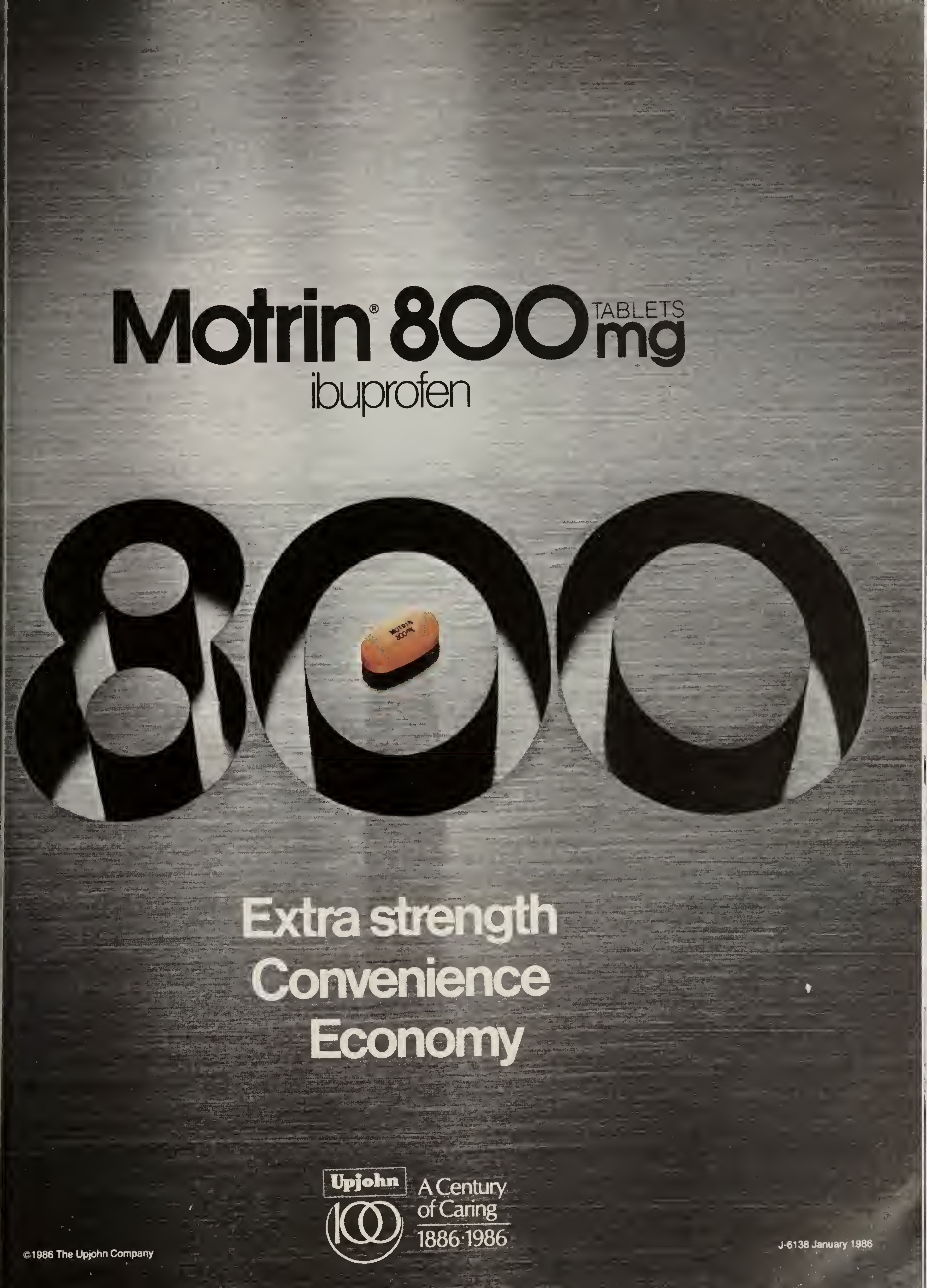
Doctor Kraft, formerly of Detroit, died May 4 at the age of 80. He received his medical degree from Wayne State University in 1932, and was affiliated with St. Joseph Mercy Hospital in Detroit until his retirement in 1960.

Edward G. Lievois, MD
Birmingham

Doctor Lievois died June 3 at the age of 56. He received his medical degree from Loyola University in 1956, and specialized in radiology. He was the chairman of Lievois and Aron, PC in Detroit and chief of the radiology department of Holy Cross Hospital. Doctor Lievois was a Lieutenant Commander in the Coast Guard from 1960 until 1962. He was a member of the Michigan Radiology Society, the American College of Radiology, the Radiologic Society of North America, the American Medical Association and the Oakland County Medical Society.

Harold J. Rezanka, MD
Grosse Pointe Park

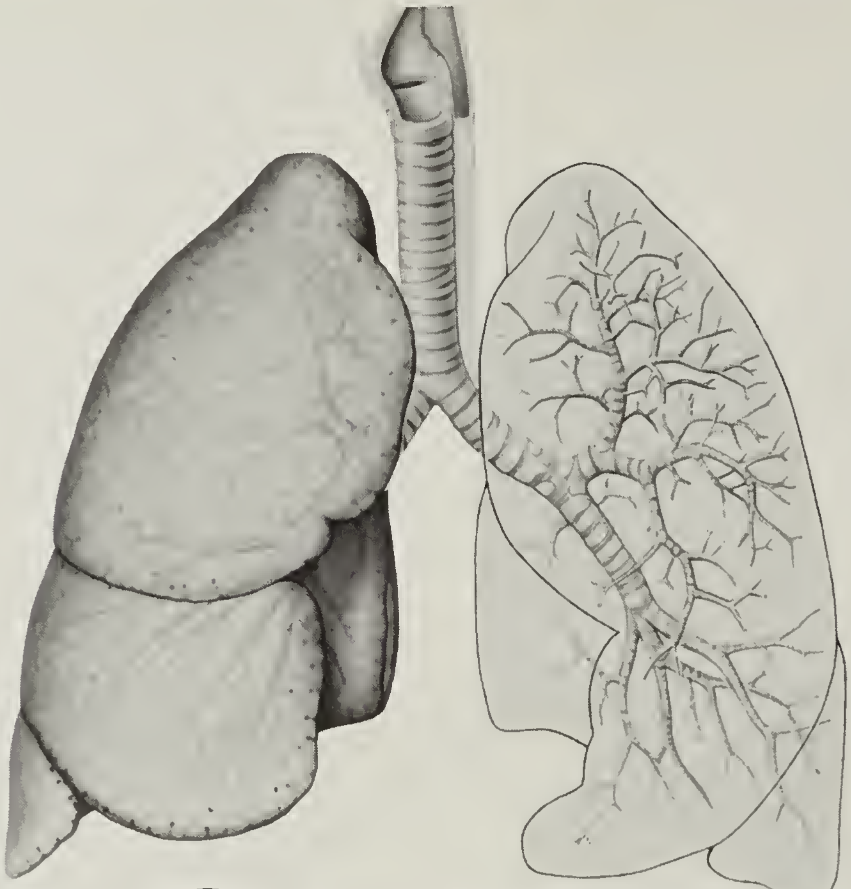
Doctor Rezanka died March 21 at the age of 86. He specialized in trauma surgery, and had a general practice in Detroit until his retirement in 1983. He was a member of the staffs of Providence and Detroit-Macomb hospitals. Doctor Rezanka was very active in the Boy Scouts of America, receiving several honors including the Silver Beaver Award, scouting's highest honor. He was a member of the Detroit Surgical Society.


Motrin® 800 TABLETS mg
ibuprofen
800
MOTRIN 800mg
Extra strength
Convenience
Economy
Upjohn
100
A Century
of Caring
1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Consider the causative organisms...



Ceclor® cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, Streptococcus pneumoniae
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins.

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

[072886R]

PA 8794 AMP

©1987, ELI LILLY AND COMPANY

Lilly

700241

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

Medical Billing Service earns MSMS endorsement

By Sheri W. Greenhoe, managing editor

Medical Billing Service's computer facility and headquarters are in Southfield.

If your medical office is computerized, or if you're thinking about computerizing it, answer this question: What bells and whistles will you need one year from now to keep things running as efficiently as possible?

If you're like most physicians—or like anybody who has a computer or is considering one—you can't answer that question.

But, Medical Billing Service can. "Why gamble?" asks MBS President Bill Widmyer. "Whatever you are going to need, I'm going to have, or I'll be out of business."

Mr. Widmyer is in the business of taking computer system obsolescence off of physicians' shoulders. He runs the only medical billing firm to earn the endorsement of the Michigan State Medical Society.

What is it exactly?

Medical Billing Service has a large computer facility and staff in its Southfield headquarters. A terminal in your office connects you to the facility through a private telephone line. That on-line real-time link provides you with the computer power to handle all billing procedures and much more.

Because they have designed and refined a system especially for the medical office, MBS eliminates doctors' frustration in locating or developing appropriate software. It also solves the hardware mystery because MBS installs a state-of-the-art IBM-compatible package that they've hand-picked from the myriad available. And because MBS services the equipment and continually updates the "software," your employees can direct their energies toward serving you and your patients.

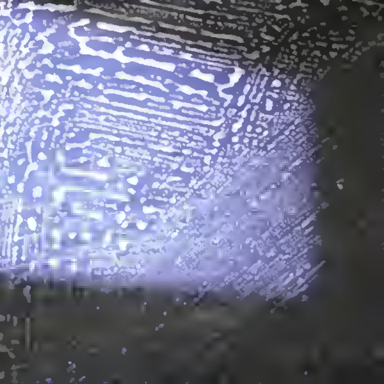
The heart of the system is the MBS automated patient encounter form. Your office staff members can generate one of these forms with a few keystrokes. It tells at a glance who referred the patient; relates the primary diagnosis; indicates insurance coverage; displays a balance owed; indicates allergies and other information. And it ensures that every patient is billed because it is monitored by the computer.

The service also offers these features:

- Tape-to-tape insurance claims (feeds directly to third-party payor computers)
- Automatic payment posting
- Automatic co-pay claim generation
- Positive cash and claim controls
- A simple way to enter billable procedures regardless of who is responsible for payment
- Automatic statement preparation and mailing
- Automatic generation of accounting reports
- Demand statement generation
- Electronic ledger records

The MBS system allows multiple offices and/or terminals to interface to the same records. It also provides daily, weekly and monthly reports that allow the physician to easily monitor the office.

Continued on next page



Doctors who are losing money...

Yes, I would like to bill and build my business better. Please have an MBS representative contact me.

Name

☐ Solo ☐ Group

Type of practice

Address

City State Zip

Phone

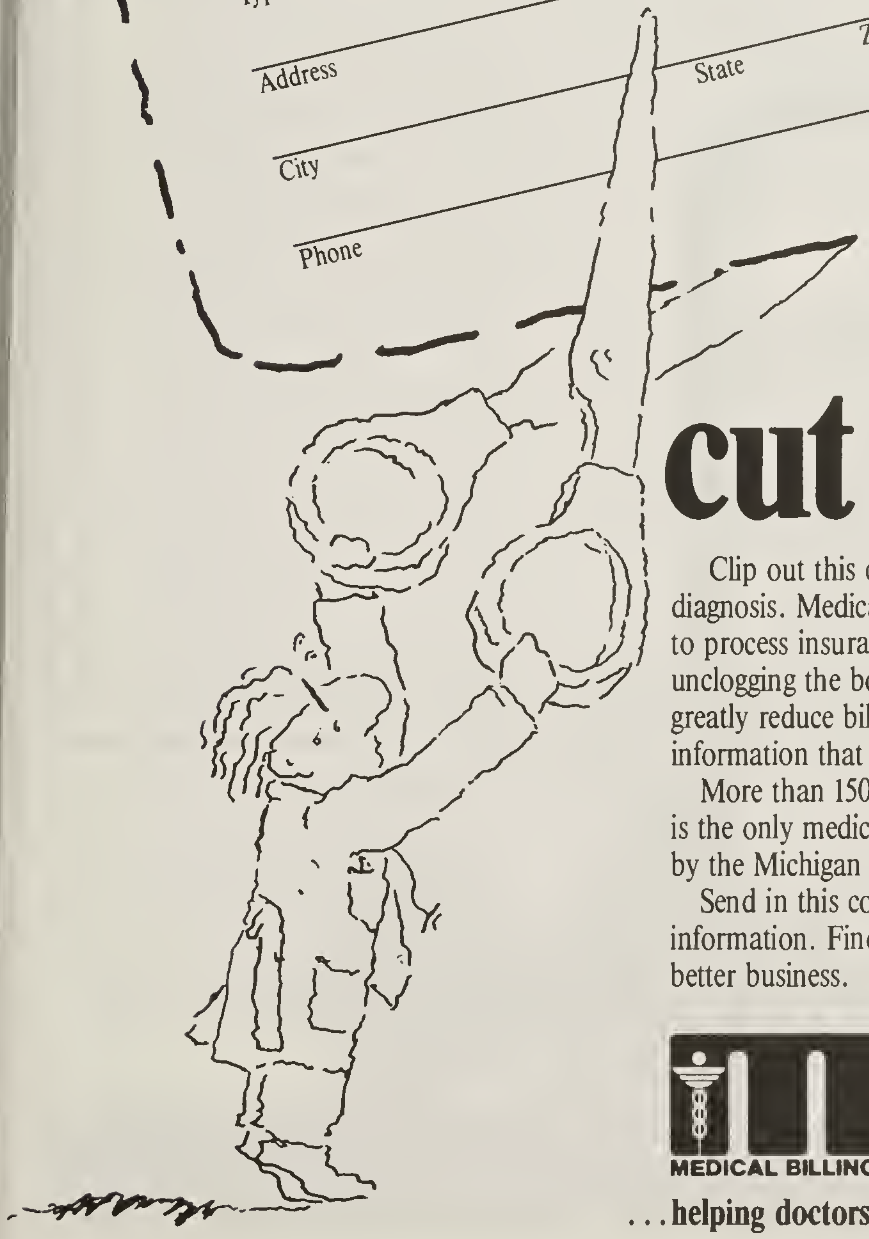
For added convenience call any one of the following MBS locations:

Corporate Office
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

Flint Office
(313) 238-4804

Grand Rapids Office
(616) 940-1841

Michigan State
Medical Society
Physician Service Group
(517) 337-1351



cut it out.

Clip out this coupon and send for your free billing system diagnosis. Medical Billing Service (MBS) can show you how to process insurance claims up to 60 days quicker, therefore unclogging the bottleneck and improving your cash flow. MBS can greatly reduce billing error and provide important patient information that can save you time and money.

More than 1500 doctors already use MBS services. In fact, MBS is the only medical billing service that is fully endorsed by the Michigan State Medical Society.

Send in this coupon, today. Or, if you prefer...call us for more information. Find out how MBS can help you bill and build a better business.

MEDICAL BILLING SERVICE

Medical Billing Service
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

...helping doctors get down to business.

AIM HIGH

A PRESCRIPTION FOR PHYSICIANS

BOTHERED BY:

- ★ Too much paperwork?
- ★ The burden of office overhead?
- ★ Malpractice insurance costs?
- ★ Not enough time for the family?
- ★ No time to keep current with technology and new methods?
- ★ No time or money for professional development?

**JOIN THE AIR FORCE MEDICAL TEAM;
WE'LL PROVIDE THE FOLLOWING:**

- ★ Competent and dedicated professional staff.
- ★ Time for patients and for keeping professionally current.
- ★ Financial security, a generous retirement for those who qualify.
- ★ If qualified, unlimited professional development.
- ★ Medical facilities all around the world.
- ★ 30 days of vacation with pay each year.
- ★ Complete medical and dental care.
- ★ Low cost life insurance.

Want to find out more? Contact your nearest Air Force recruiter for information at no obligation. Call

**USAF Health Professions
(313) 561-7018
Collect**

AIR FORCE

acids present in food and in the human body. Persons who have cystinosis, carried by a recessive gene, lack the ability to transport cystine out of the body.

Parents begin to sense something is wrong with their child at the age of about six months, when the baby has a constantly wet diaper and an unquenchable thirst. Eventually these children accumulate so much cystine in their cells, up to 100 times the normal amount, that their growth is stunted. The amino acid begins to crystallize in their bone marrow, corneas and kidneys.

In the past, children with the disease died of kidney failure by the age of 10. The only known treatments before cysteamine were long-term dialysis or kidney transplants. Neither technique, however, could help the body get rid of the excess cystine.

Thoene became interested in cystinosis in 1975 while he was conducting research with Jerry A. Schneider, MD, of the University of California-San Diego, who is one of the co-investigators for the *New England Journal* article. Schneider was exploring ways of ridding the tissues of cystine. Thoene began to experiment with the amionothiol compound, cysteamine, on cell cultures of skin cells. The results were positive not only in the cultures but in a young patient who was facing a kidney transplant.

Thoene and Schneider received permission for clinical trials. Of the 93 children who were in the study, 19 eventually dropped out because they couldn't tolerate cysteamine.

Cysteamine is "very unpleasant," said Thoene. "It stinks like rotten eggs and has to be taken in liquid form four times a day. Some of the kids just couldn't drink it. Some threw it up."

For the children who could tolerate the drug, it brought results. "We found that the children on cysteamine did not lose kidney function," he said. The best results came when children were started on the drug by their first birthday.

Making the drug more palatable by masking its taste and smell is a long-term project Thoene hopes a drug company will undertake. But he has discovered that it is difficult to interest drug companies in manufacturing drugs for rare diseases, no matter how effective the cure.

"It is frustrating that business decisions take precedence over saving lives," he said. However, a congressman and a pharmaceutical institution provided critical help in continuing the drug trials of cysteamine.

US Rep. Henry Waxman (D-Los Angeles) sponsored the Orphan Drug Act, legislation passed by Congress in 1983 which uses tax incentives to make the business climate more favorable for production of "orphan drugs" for rare diseases. The Generic Pharmaceutical Industry Association Institute for Orphan Drugs gave the researchers a grant to purchase enough cysteamine to finish the clinical trials. But that supply is running out, and a new source is needed.

The long-term impact of cysteamine on cystinosis patients isn't known yet. "Our oldest subject is 9 years old, so we don't know what the next decade will bring for them," said Thoene.

Studies on head/neck cancer treatment

Studies are under way at Henry Ford Hospital to test the effectiveness of an experimental drug in the treatment of head and neck cancer patients.

Vanessa G. Schweitzer, MD, otolaryngologist, is the principal investigator at Henry Ford Hospital, one of 12 centers in the country participating in a study.

The investigational drug, Photofrin II, will be used with an argon laser to administer photodynamic therapy, and compared with a different treatment of staining cancerous tissues with a blue dye (toluidine) and "zapping" the cancer with a carbon dioxide laser.

The investigational method has a greater advantage potential for treating cancers at multiple sites. Treatment in this study focuses on the early stages of cancer in the oral cavity. Doctor Schweitzer hopes to test 30-50 patients in the next two years. Nationwide, 280 patients will be tested and randomly assigned to one of the two groups. Effectiveness will be based on the presence or absence of changes after treatment, and will be established by visual inspection or biopsy.

A second study uses photodynamic therapy to treat more advanced stages of cancer in patients who have failed to respond to more conventional therapy, such as surgery, radiation therapy and/or chemotherapy.

"This is a non-surgical way to treat extensive superficial cancers," Doctor Schweitzer said of the investigational procedures. "They have great potential to treat recurrent non-malignant lesions of the larynx and oral cavity where traditional methods have failed."

Seven head and neck cancer patients have been treated in the two studies, with excellent results in the complete remission of early stages cancers of the oral cavity, and at least a relieving effect in later stages, according to Doctor Schweitzer.

Fertility technique for spinal cord-injured men

An historic birth gives new hope to spinal cord-injured men who wish to father children.

The baby, the first in the nation to be conceived by sperm obtained from a spinal cord-injured man through application of an electrical stimulation technique, was born recently to a woman and her husband, a paraplegic

Continued on next page

We're on call for you

1-800-962-3555

Introducing *M-LINE*, a toll-free special connection for community physicians who need access to the U-M Medical Center.

M-LINE will give you an immediate doctor-to-doctor link to our physicians for consultation or to inquire about patient referrals and clinical and laboratory services. A specially-trained physician service representative will take your call and connect you with the U-M physicians you need.

Next time you want a consult, call M-LINE. It's as easy as *1-800-962-3555.*

M LINE

University of Michigan Medical Center

who had been infertile following his injury.

The woman was impregnated by artificial insemination after a team of U-M Medical Center physicians, led by urologist Carol J. Bennett, MD, obtained sperm from her husband through electroejaculation, a process by which a rectal probe with a low-voltage impulse induces ejaculation.

Bennett says this impulse, normally transmitted by the brain, is frequently interrupted in men with spinal injuries or impairments due to testicular cancer surgery, diabetes or multiple sclerosis.

While this birth was the first of its kind in the United States, four other women whose husbands have participated in the UMMC study have recently become pregnant with sperm obtained by the technique. One pregnancy followed electroejaculation of semen in combination with in vitro fertilization. A total of 10 couples have been actively participating in the pregnancy trials.

To date, 48 men from throughout the nation have participated in the electroejaculation study, which began in 1985. The study is funded by a grant from the Eastern Paralyzed Veterans Association.

Currently an estimated 145,000 spinal cord-injured men in this country are in their prime years for fathering, according to the Paralyzed Veterans Association. Up to 30 percent of spinal cord-injured men can ejaculate under normal circumstances, Bennett says. Of those who cannot, the majority become infertile, possibly due to nerve damage and/or chronic urinary tract infections.

Not everyone who undergoes the procedure can father a child, because the ultimate success rests on the man's sperm count — and the woman's fertility. The U-M team has obtained adequate sperm counts from about 60 percent of the participants. ☐

KATHARINE S. BROWN
Vice President
Prescott
Ball & Turben
4700 South Hagadorn
Suite 100
East Lansing, MI 48823
(517) 351-6084

. . . Specializing in Pension and
Profit Sharing Investments . . .
Tax-Free Bonds . . . All Stock . . .

PHYSICIANS NEEDED

Southwest Medical Associates, Nevada's oldest and largest multi-specialty group, has immediate full time career positions in Family Practice, Internal Medicine, Endocrinology, Cardiology and Occupational Medicine. Positions offer excellent compensation and benefits plus pension and profit sharing. Malpractice and relocation expenses included. Interested M.D. or D.O. should apply with CV to:

Joan Hill, Administrator
Southwest Medical
Associates
P.O. Box 15645
Las Vegas, Nevada 89114-5645

The case of the tired house officer

By Thomas J. DeKornfeld, MD

This title, which could well stand on the cover of an Erle Stanley Gardner mystery, actually refers to a real and worrisome problem. The issue has made the headlines in the newspapers and was the subject of a popular national television program.

The Michigan Board of Medicine's own Rules Committee has discussed the issue. Members felt they lacked any statutory authority in the matter and therefore could not take any formal position.

As a consultant to the Board my views do not in any way represent the official position of the Board. Thus I have no hesitation in addressing this issue as an interested and concerned physician who has spent his entire professional career as a medical educator.

All of us who have undergone graduate medical education are only too familiar with the bone-deep, aching, demoralizing fatigue which physicians-in-training experience. That fatigue has been, and is, the inevitable corollary of "good medical care," the vital "continuity of care" and the Marine Corps mentality which has equated graduate medical education with survival of the fittest.

Obviously the problem is not a simple one. It has serious educational implications, potentially enormous economic implications, threatening legal implications and last, but hopefully not least, profound humanistic implications.

> **"It has serious educational implications, potentially enormous economic implications, threatening legal implications and profound humanistic implications."**

Let us take these in order. A reasonably strong case can be made for the theory that good clinical education in medicine requires the trainee to observe a patient over a period of time, to participate in ongoing care and to reap the benefit of seeing the progression of the disease as well as the benefits of good and continuous therapy. This is the way clinical medicine has been taught for generations. In fact, most of us have managed to learn under these conditions and even to survive with most of our sanity and interpersonal relationships preserved.

While the time commitment varies somewhat, working 100 hours per week is not unusual in the surgical and emergency services. Thirty-six hours of continuous service is the norm rather than the exception on most services, though some traditionally allow house officers to work no more than 24 continuous hours. Anesthesiology is a rare and commendable example, although it is true also that a tired anesthesiologist has a better opportunity to cause serious harm to the patient under his/her care than does almost any other physician.

The economic implications of the problem are great indeed. If house staff hours were limited to 40 or 60 per week, the hospitals that rely on house officers for much of their patient care would have to employ more house officers or cover their hours with trained physicians or physician extenders. This would strain the already-tottering economic stability of many teaching hospitals beyond the breaking point. It would lead either to economic collapse or to a massive increase in already horrendous hospital costs. Furthermore, there is a real question whether it would not force residency programs to lower their standards and/or

Continued on next page

Doctor DeKornfeld is administrator, Michigan Board of Medicine.

HOUSE OFFICER/Continued

jeopardize continued accreditation of their residency review committees.

The legal implications are equally alarming. Tired people make mistakes, and tired doctors are no exception. This affects patient-care. There have been reports already that some patients have been harmed seriously by overtired and undersupervised house officers. A case in New York has led a grand jury to recommend action by the New York State Department of Health.

There is another legal aspect which may have far reaching consequences. There now are two cases on record where the employer was held financially liable for damages done by an overtired employee to a third party, entirely outside the normal context of employment. A Tennessee court has found the employer liable for the injuries suffered by a person hit by the automobile driven by an employee made to work long hours. A similar case led to similar results in Texas.

As far as I know there is no such medical case, but it is only a matter of time.

Lastly, how about the humanistic implications? How does the house officer's lifestyle affect family relationships? Is this level of fatigue, combined with the ready availability of controlled substances, partly responsible for the high incidence of chemically-dependent health care practitioners?

I have no answer to these awesome questions, but I believe that they must be asked.

What's being done?

Having looked at some aspects and implications of this problem, we must ask what is being done. There are some encouraging signs. The Health Commissioner of New York has recommended a significant curtailment of the duty hours of both house officers and attending physicians. Working hours are a major bargaining issue between the House Officers Association and the University of Michigan. Unfortunately, it is unlikely that much will be accomplished in the near future. The inertia of tradition is enormous, the economic problems may be insoluble, the patient-care implications are wholly denied by many medical educators and the humanistic implications easily fall victim to the "more important" considerations of efficiency and economy.

Since the state and federal regulatory agencies have no clear authority in this area, is it not time for organized medicine, the medical educational establishment and the hospital associations to study this problem? The patient-care implications alone would seem to mandate that every effort be made to resolve this problem, or at the very least, to ameliorate a long-standing, very awkward and potentially explosive dilemma. □

Board of Medicine actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: Felma Fuentes, MD
Action, Date Taken: One year suspension, June 9, 1987
Reason: Criminal conviction/ Medicaid fraud

Name: Robert Heavenrich, MD
Action, Date Taken: Fined and reprimanded, June 18, 1987
Reason: Violation of general duty

Name: Donald J. Lang, MD
Action, Date Taken: 60 day suspension and three years probation, July 20, 1987
Reason: Violation of general duty

Name: William G. Mason, MD
Action, Date Taken: Fined and reprimanded, June 18, 1987
Reason: Violation of general duty□

Customer
Service

ACCURATE RESULTS
DEPEND UPON COMMUNICATION.

Customer Service is ever ready and prepared to provide you with verbal patient results when time is of the essence. In addition, all results are maintained on microfilm for retrieval at your request. The department is pleased to assist you with specimen requirements or other patient inquiries.

Customer Service will ensure complete professional resolution of any concerns to your full satisfaction.

ADVANCE MEDICAL & RESEARCH CENTER, INC.

1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park Alpena Bay City Clarkston East Jordan Flint Grand Rapids Kalamazoo
Lansing Livonia Marquette Monroe Muskegon Portage Saginaw Traverse City

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join with other MSMS members at both the local and state levels in achieving these goals.

Matthew E. Bagamery, MD — GE/IM
6565 W. Main St. Ste. C
Kalamazoo 49009

Reynold J. Baumstark, DDS — DDS
5605 N. Colony Drive
Saginaw 48603

David G. Beltzman, MD — P/CHP
2004 Hogback Rd. #12
Ann Arbor 48105

Durand Benjamin, Jr., MD — ABS
611 Cascade West Pkwy., SE
Grand Rapids 49506

Randall E. Bowsman, DO — AN
3288 Metcalf
Port Huron 48060

G. David Cavender, MD — PM
775 S. Main St.
Chelsea 48118

Daniel D. Chapman, MD — PD/PH
2522 Packard
Ann Arbor 48104

Donna S. Cheng, MD — IM
22101 Moross Rd.
Detroit 48236

David J. Christ, MD — ORS
502 Bronson Medical Ctr.
Kalamazoo 49007

Continued on page 566

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST
Offering Retirement Plans:
- Goal & Risk Analysis
- Portfolio Management
- Ongoing Portfolio Evaluation

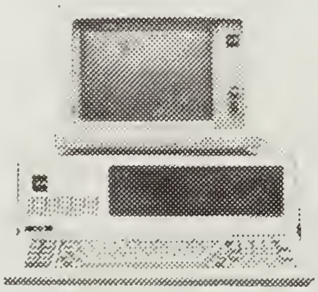
Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084
(313) 649-5700
(MI) 1-800-323-8073
- A full range investments firm, established 1865.

MEDICAL AUTOMATION

THE MOST COMPREHENSIVE AUTOMATED MICROCOMPUTER SYSTEM FOR THE MEDICAL PROFESSION

Most medical systems are designed either by computer professionals with limited knowledge of medical office management or by medical office administrators with little knowledge of the nuances of computer management. This system is designed by a unique group of seasoned executives whose backgrounds include: management, administration, medicine, accounting and computer processing. We "wrote the book" on Medical Management and have years of experience in automated processing systems. This combination of expertise enables us to offer you the latest technology and most comprehensive hardware and software liaison available.

NAME ____________________
ADDRESS ____________________
CITY/STATE/ZIP ____________________
PHONE ____________________



MAI
MEDICAL AUTOMATION
(313) 557-8561

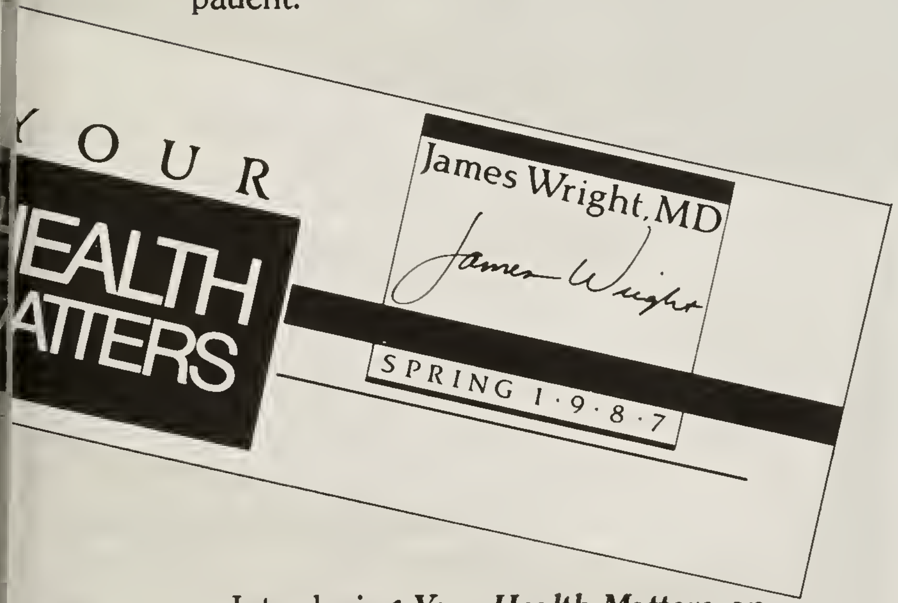
P.O. Box 530
Lathrup Village, MI
48076-0530

Try this 3-minute exercise for a healthier practice.

Just take three minutes to learn about a new service being offered by your Michigan State Medical Society.

MINUTE ONE:
Read this.

Now there's a way to give your patients timely information on a variety of health-related topics and to communicate your concern for their health. And it will cost you less than the price of a cup of coffee per patient.



YOUR
EALTH
ATTERS
James Wright, MD
SPRING 1·9·8·7

Introducing *Your Health Matters,* an interesting, easy-to-read quarterly newsletter, **personalized** with your signature in the masthead design. Use it as a self-mailer or include in an envelope—say, with your monthly statement. Make them available in your reception area or even use them as a prospecting tool through the Welcome Wagon or a similar community program.

MINUTE TWO:
Consider this.

A year's subscription to *Your Health Matters* is a cost-effective way of maintaining regular, positive communication with your patients. And that can translate into a healthy and growing practice.

Order according to the needs of your practice. (Available in increments of 500)

MINUTE THREE:
Send this.

Indicate the number of subscriptions you will need on the form below. Write your signature—black ink on separate sheet of white paper, please—to use on your personalized masthead, enclose your check, and mail.

Your 3-minute exercise is done.

Please enter my year's subscription for four issues of *Your Health Matters.* To serve my practice, I will need the following number of newsletters each issue:

☐ 500 $ 490 ☐ 1500 $ 1332
☐ 1000 $ 928 ☐ 2000 $ 1712

Enclosed is my check in the amount of $ ______.

Ship to:

Name

Address

City State Zip

Phone Number Date

Authorized Signature
(Cannot be used for masthead; please submit doctor's signature separately in black ink on white paper.)

SEND TO:
Michigan State Medical Society
Att: Patient Newsletter
P.O. Box 950 East Lansing, MI 48826-0950

NEW MEMBERS/Continued

Saeed A. Daneshvar, MD — D/IM
4201 St. Antoine 5F UHC
Detroit 48201

Richard L. DeVillez, MD — D
The Upjohn Company
Kalamazoo 49001

Robert M. Domeier, MD — EM
2759 Braeburn Circle
Ann Arbor 48108

John L. Eckenrode, MD — HEM/IM
48231 Bayshore Dr.
Belleville 48111

George L. Figacz, MD — DR
30247 Woodhouse
Warren 48092

Jerome H. Finkel, MD — IM
33137 23 Mile Rd.
New Baltimore 48047

Norman R. Friedman, MD — D
3537 W. Front St. B
Traverse City 49684

Roger J. Garceau, MD — PD
7000 Portage Rd. (Upjohn Co.)
Kalamazoo 49001

Amy K. Gaunt, MD — BG
5769 Devonshire
Detroit 48224

Steven N. Gross, DO — PM
5333 McAuley Dr. R-4106
Ypsilanti 48197

Michael P. Halpin, MD — TS
252 E. Lovell #217
Kalamazoo 49007

Steven C. Harwood, MD — PM
5333 McAuley Dr. R-4106
Ypsilanti 48197

Daniel H. Havlichek, MD — ID/IM
1200 Poxson
Lansing 48910

Thomas J. Hyde, DDS — DDS
5605 Colony Dr., N.
Saginaw 49603

Pasquale B. Iaderosa, MD — IM
33137 23 Mile Rd.
New Baltimore 48047

William L. Jordan, MD — OBG
28554 River Crest
Southfield 48034

Bong Jung, MD — N
4800 Fashion Square Blvd. #420
Saginaw 48604

Gary F. Koloff, MD — P
740 N. Macomb
Monroe 48161

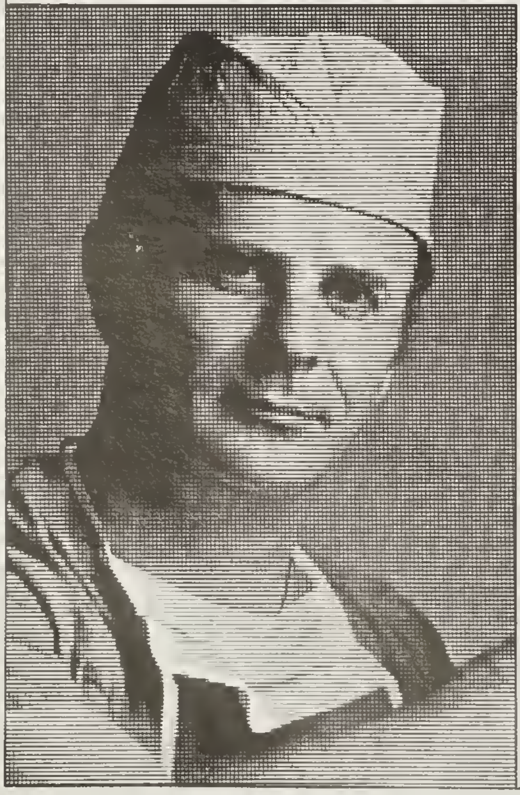
John M. Kosta, MD — OTO
1425 Michigan, NE
Grand Rapids 49503

Neal E. Little, MD — EM
1325 Wynnstone
Ann Arbor 48105

Joann M. Lohr, MD — GS
4135 Fulton Place
Royal Oak 48072

James E. McMinn, MD — FP
18101 Oakwood Blvd. Box 2300
Dearborn 48123

Continued on page 568



HERE'S ONE DOCTOR WHO WON'T PAY HIS MALPRACTICE PREMIUMS THIS YEAR.

The Army covers his premiums. Since he's an Army Physician, there are a lot of worries associated with private practice that he won't have to contend with. Like excessive paperwork, and the overhead costs incurred in running a private practice.

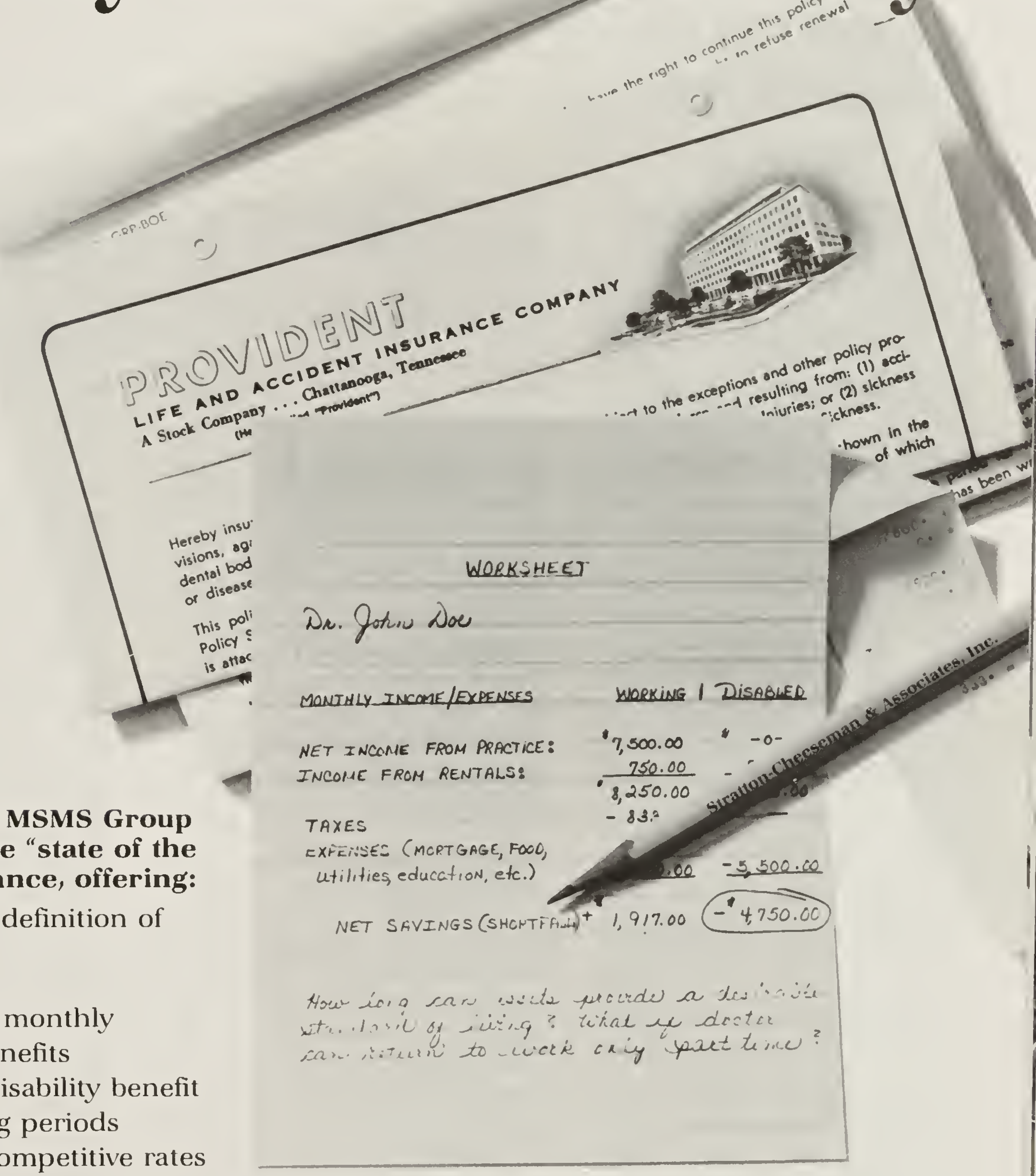
What he will get is a highly challenging, highly rewarding experience. The Army offers varied assignments, chances to specialize, or further your education, and to work with a team of dedicated health care professionals. Plus a generous benefits package.

If you're interested in practicing high quality health care with a minimum of administrative burdens, examine Army medicine. Talk to your local Army Medical Department Counselor for more information.

(313) 668-2190

**ARMY MEDICINE.
BE ALL YOU CAN BE.**

Have You Reviewed YOUR Disability Insurance Lately?



... have the right to continue this policy
... to refuse renewal
GRP-DOE
PROVIDENT
LIFE AND ACCIDENT INSURANCE COMPANY
A Stock Company . . . Chattanooga, Tennessee
"Provident"
...ject to the exceptions and other policy pro-
...and resulting from: (1) acci-
...injuries; or (2) sickness
...sickness.
...shown in the
...of which
has been w
Hereby insu
visions, ag
dental bod
or disease
This poli
Policy S
is attac
Stratton-Cheeseman & Associates, Inc.

WORKSHEET

Dr. John Doe

MONTHLY INCOME/EXPENSES	WORKING	DISABLED
NET INCOME FROM PRACTICE:	$7,500.00	$ -0-
INCOME FROM RENTALS:	750.00	-
	$8,250.00	.00
TAXES	- 833	
EXPENSES (MORTGAGE, FOOD, utilities, education, etc.)	.00	-5,500.00
NET SAVINGS (SHORTFALL)	+ 1,917.00	-$4,750.00

How long can assets provide a desirable standard of living? What if doctor can return to work only part time?

The new, improved MSMS Group Disability plan is the "state of the art" in group insurance, offering:

- "Your own specialty" definition of disability
- Lifetime benefits
- Benefits up to $2,500 monthly
- Residual disability benefits
- Waiver of premium disability benefit
- 30 and 90 day waiting periods
- Quality coverage at competitive rates
- Conversion guarantee

Call or write us today for a review of your coverage and further information about our plans!

This plan is underwritten by Provident Life & Accident Insurance Company, Chattanooga, Tennessee.

Stratton-Cheeseman & Associates, Inc.

1305 Abbott Road
P.O. Box 1563
East Lansing, Michigan 48823
Call Toll Free: 1-800-292-1926

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6100

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI
48033
313/851-3058

— Since 1968 —

NEW MEMBERS/Continued

Richard F. McNamera, MD — IM/CD
1300 Michigan, NE
Grand Rapids 49503

Kathleen A. Menerey, MD — RHU/IM
35605 Warren Rd.
Westland 48185

Mark A. Menestrina, MD — FP
16800 W. Outer Drive
Dearborn Heights 48127

Martha A. Moreno-Campos, MD — IM
2515 Woodward Ave. #270
Bloomfield Hills 48013

Usha R. Modi, MD — IM
4437 S. Morrish Rd.
Swartz Creek 48473

Mark C. Oberdoerster, MD — IM
3250 Plymouth Rd.
Ann Arbor 48104

Kevin M. O'Brien, MD — R
11800 E. 12 Mile Rd.
Warren 48093

David E. Obudzinski, MD — PD
31815 Southfield #14
Birmingham 48009

David T. Ottenbaker, MD — FP
1310 Wisconsin Ave.
Grand Haven 49417

Anil R. Patel, MD — IM
875 Michigan Ave.
Marysville 48040

Robert A. Pearlman, MD — P/CHP
4120 W. Maple #205
Birmingham 48010

Dora A. Picon-Ramirez, MD — N
11885 E. 12 Mile Rd.
Warren 48093

Miljenko V. Pilepich, MD — R/IM
2155 Amelia Place
Ann Arbor 48104

Alan E. Plona, MD — AN/IM
5333 McAuley Dr. #R-6115
Ypsilanti 48197

Stephen G. Priest, MD — CRS
18161 W. 13 Mile Rd. #E-1
Southfield 48076

Mary A. Roloff, MD — PD
2522 Packard
Ann Arbor 48104

Steven C. Rossmoore, MD — EM
38894 Venetian
Mt. Clemens 48045

Alan V. Spigelman, MD — OPH
29275 Northwestern Hwy. #100
Southfield 48034

Charles H. Stone, III, MD — GS
1001 Mulholland
Bay City 48708

David J. Strobl, DO — CD/IM
802 W. King St.
Owosso 48867

Marilyn G. Sultana, MD — OPH
5755 Rouge Circle
Dearborn Heights 48127

Wayne A. Swart, MD — P
2110 W. Hill Road
Flint 48507

Robert E. Taylor, MD — AN
3121 Davenport
Saginaw 48602

Eleanor Tylka, MD — PD
6640 S. River Rd.
Marine City 48039

Phillip Vander Woude, MD — GS
1200 W. Oak
Greenville 48838

Steven E. Vorenkamp, MD — ORS
426 Bay Street
Petoskey 49770

Howard B. Weinblatt, MD — PD
2522 Packard
Ann Arbor 48104

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a contact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

September

10-12, Advanced Cardiac Life Support (Provider & Recertification) Course. Location: Gilmore Center of Health Education Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Bronson Life Support Services and Southwestern Michigan Area Health Education Center. **Contact:** Cyndi Kochevar-Bouma, Bronson Life Support Services, Bronson Methodist Hospital, 252 E. Lovell Street, Kalamazoo 49007 (616)383-7576. **Approved for:** Category I Credit: 20 credits for ACLS and 4 credits for BCLS; Recertification—4 credits for ACLS and 5 for BCLS.

10-12, Head and Neck Oncology Research. Location: Crystal Gateway Marriott, Arlington, Virginia. **Sponsor:** University of Michigan Medical School. **Contact:** Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 24 hours Category I Credit.

12-16, Tutorial On Level I Muscle Energy Technique.
Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing 48824. **Sponsor:** Michigan State University College of Osteopathic Medicine. **Contact:** Sandy Kilborn, Director of Continuing Medical Education, Michigan State University, College of Osteopathic Medicine, A306 East Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Hours.

16, Current Issues in Chemical Dependency. Location: Saint John Hospital, 22101 Moross Road, Detroit. **Sponsor:** The Continuing Medical Education Committee of Saint John Hospital. **Contact:** Mary Ann Richards, Program Coordinator, Continuing Medical Education, Saint John Hospital, Detroit 48236 (313)343-4000. **Approved for:** 7 hours Category I Credit.

17-19, 10th Annual Seminar in Diagnostic Ultrasound. Location: The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0010. **Sponsor:** The University of Michigan Medical School, Department of Radiology. **Contact:** Jolene Glaspie, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0010 (313)763-1400. **Approved for:** 14.1 hours Category I Credit.

18-20, Tutorial on Level I Myofascial Release Technique. Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 East Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 24 hours Category I Credit.

19, Emergency Medicine Oral Boards Preparation Workshop. Location: St. Mary's Hospital, Saginaw. **Sponsor:** St. Mary's Hospital and Michigan State University College of Osteopathic Medicine. **Contact:** Michigan ACEP, 1305 Abbott Road, Suite 104, East Lansing 48823. **Approved for:** 5 hours Category I Credit.

19, New Directions in Psychiatry: The Mind, The Body, The Environment. Location: Sheraton Fashion Square, Saginaw. **Sponsor:** Bay Medical Education. **Contact:** Dodie Roth, Bay Medical Education, 615 Ninth Stret, Bay City 48708 (517)892-1501. **Approved for:** 7 hours Category I Credit.

21-22, Medical and Legal Perspectives on Impairment Evaluation and Disability Considerations of the Musculoskeletal System. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** University of Michigan Medical School and The University of Michigan Center for Occupational Health and Safety Engineering. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 14 hours Category I Credit.

22, Client Services through Clinical Excellence. Location: Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** State Department of Mental Health - Bureau of Clinical and Medical Services, Southwestern Michigan Area Health Education Center, American Osteopathic Association. **Contact:** Deb Willoughby, SMAHEC, 4th Floor Stryker Center, 1521 Gull Road, Kalamazoo 49001 (616)388-7877. **Approved for:** 6 hours Category I Credit.

23, Medical Legal Issues Impacting Health Care. Location: Schuler's Restaurant, Marshall. **Sponsor:** Southwestern Michigan Area Health Education Center, Oaklawn Hospital, Marshall and Albion Hospital, Albion. **Contact:** Chris Pearson, Southwestern Michigan Area Health Education Center, 4th Floor, Stryker Center, 1521 Gull Road, Kalamazoo 49001. **Approved for:** 5 hours Category I Credit.

24-26, The Grand Rapids 18th Annual International Symposium on Implant Surgery for the Hand, Upper Extremity, and Foot. Location: Blodgett Memorial Medical Center and Amway Grand Plaza Hotel, Grand Rapids. **Sponsor:** Michigan State University College of Human Medicine, The International Federation of Societies for Surgery of the Hand, The Dissemination of Knowledge Foundation, and Blodgett Memorial Medical Center. **Contact:** Alfred B. Swanson, MD, Blodgett Professional Building, 1900 Wealthy, S.E., Suite 290, Grand Rapids 49506 (616)774-0440. **Approved for:** 18 hours Category I Credit.

26-30, Tutorial on Level II Manual Medicine Techniques (Above Diaphragm). Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Credit.

28, Correlative Imaging in the Endocrine System: Current Status and Clinical Applications. Location: The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** Ann Arbor Veterans Administration Medical Center and The University of Michigan Medical School, Department of Radiology. **Contact:** Kelly Stebelton, Towsley Center for

Continued on next page

CATEGORY I COURSES/ Continued

Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109 (313)763-1400. Approved for: 6 hours Category 1 Credit.

29-10/1, Continuous Arterial Venous Hemofiltration: A Nursing Perspective. Location: The Towsley Center for Continuing Medical Education, The Univesity of Michigan Medical School, Ann Arbor 48109-0201. Sponsor: The University of Michigan Medical School, Departments of Surgery and Internal Medicine. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 11 hours Category 1 Credit.

30, Diabetes Mellitus: Innovations in Dietary, Pharmacologic and Behavorial Therapy. Location: Fairlane Manor, Dearborn. Sponsor: Henry Ford Hospital, Continuing Medical Education, Detroit. Contact: Kim Sadlocha, Continuing Medical Education, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit 48202 (313)876-3073. Approved for: 7.5 hours Category 1 Credit.

October

8-9, Health Care Issues for Women with Diabetes. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School, Michigan Diabetes Research and Training Center, and Michigan Affiliate, American Diabetes Association. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 12 hours Category 1 Credit.

9, 17th Annual Cardiology Symposium: Rationale for Emergency Intervention in Acute Myocardial Infarction. Location: Kalamazoo Center Hilton Inn. Sponsor: Southwestern Michigan Area Health Education Center, Michigan Academy of Family Physicians, Borgess Cardiovascular Services. Contact: Sharon Nocera, Borgess Cardiovascular Services, 1521 Gull Road, Kalamazoo 49001 (616)383-5930. Approved for: 6.25 hours Category 1 Credit.

9-11, 38th Annual Meeting, Michigan Chapter American Academy of Pediatrics. Location: Grand Traverse Resort Complex, Traverse City. Sponsor: Michigan Chapter American Academy of Pediatrics. Contact: John H. Romanik, MD, Co-Chairman, 39500 West Ten Mile Road, Novi 48050 (313)478-8040. Approved for: 7 hours Category I Credit.

12-14, Industrial Problems of the Upper Extremity in the US and Canada. Location: Ann Arbor. Sponsor: American Society for Surgery of the Hand. Contact: Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313)755-4588. Approved for: 18 hours Category 1 Credit.

15, Multiple Sclerosis: Symptom Management. Location: Fetzer Center, Western Michigan University, Kalamazoo. Sponsor: Borgess Medical Center, the National Multiple Sclerosis Society, Michigan Chapter Inc., South Central Branch, and the Western Michigan Univesity Center for Human Services. Contact: Lewis Tysman, Borgess Medical Center, Kalamazoo (616)383-4878. Approved for: 6 hours Category I Credit.

15-16, Practical Neonatal Neurology. Location: The Towsley Center, The University of Michigan, Ann Arbor. Sponsor: The Office of Continuing Medical Education of the Univesity of Michigan Medical School. Contact: Betty Phillips, Office of Continuing Medical Education, Towsley Center, Box 0201, Ann Arbor 48109-0201, (313)763-1400. Approved for: 12.5 hours Category 1 Credit.

15-17, Current Frontiers in Chest Radiology. Location: The Towsley Center for Continuing Medical Education, The Univesity of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School, Department of Radiology. Contact: Debbie DeSmyther, The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 14.5 hours Category 1 Credit.

19-20, Laser Medicine and Surgery: The Respiratory Tract. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School and The Food and Drug Administration Center for Devices and Radiological Health. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 16 hours Category 1 Credit.

21, Laser Medicine and Surgery: Symposium and "Hands-On" Workshop for Gynecologists. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School, Department of Obstetrics and Gynecology and The Food and Drug Administration Center for Devices and Radiological Health. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 8 hours Category 1 Credit.

21, Thyroid Update. Location: Saint John Hospital, 22101 Moross Road, Detroit. Sponsor: The Continuing Medical Education Committee of Saint John Hospital. Contact: Mary Ann Richards, Program Coordinator, Continuing Medical Education, Saint John Hospital, 22101 Moross Road, Detroit 28236 (313)343-4000. Approved for: 7 hours Category 1 Credit.

22, Laser Medicine and Surgery: Symposium and "Hands-On" Workshop for Urologists. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School, Department of Surgery and The Food and Drug Administration Center for Devices and Radiological Health. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 18 hours Category 1 Credit.

28, Fourth Annual Conference on Alcoholism and other Drug Dependencies. Location: Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. Sponsor: Kalamazoo Alcohol and Drug Abuse Center, Southwestern Michigan Area Health Education Center. Contact: Deb Willoughby, SMAHEC, 4th Floor Stryker Center, 1521 Gull Road, Kalamazoo 49001 (616)383-6360. Approved for: 6 hours Category I Credit.

29-30, Urology Update: 1987. Location: Sheraton Oaks Hotel, Novi. Sponsor: William Beaumont Hospital, Department of Urology, Royal Oak. Contact: Ananias C. Diokno, MD, Chief, Department of Urology, William Beaumont Hospital, Royal Oak 48072 (313)288-7960. Approved for: 16 hours Category I Credit.

MSMS MEETINGS

September

23, MSMS Board of Directors Meeting, MSMS headquarters, East Lansing, contact: William Madigan (517)337-1351.

October

20, County Medical Society Executives Meeting, MSMS headquarters, East Lansing, contact: Kevin Kelly, MSMS headquarters (517)337-1351.

21, 1987 Public Affairs Leadership Conference, Clarion Hotel and Conference Center, Lansing, contact: Sherry Wellman, MSMS headquarters (517)337-1351.

November

18, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517) 337-1351.

AMA MEETINGS

December

6-9, AMA Interim Meeting, Marriott, Atlanta, GA, contact: AMA (312)645-4344.

SPECIALTY SOCIETY MEETINGS

September

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

October

2, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

November

6, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

December

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313)243-7144.

NATIONAL SPECIALTY SOCIETIES

September

2-5, American Academy of Pediatrics, Current Concepts in Pediatrics, Sheraton Boston and Towers, Boston, MA, contact: American Academy of Pediatrics 800-433-9016.

9-13, The Change Masters: Focus on Excellence, 14th Annual Meeting and Educational Program of the American Association of Diabetes Educators, Orlando, FL, contact: Betty Lou Mobeck, AADE annual meeting registrar, 500 North Michigan Avenue, Suite 1400, Chicago, IL 60611 (312)661-1700.

11-13, College of American Pathologists, Capitalizing on Education Anatomic Pathology, Quality Assurance, Applications of Microcomputers in the Lab, Hyatt Regency, Cambridge, MA, contact: College of American Pathologists, (312)966-5700.

13-17, American Academy of Orthopaedic Surgeons, AAOS Summer Institute, Boston, MA, contact: American Academy of Orthopaedic Surgeons, (312)823-7186.

14-17, American Academy of Family Physicians, Annual Scientific Assembly, Moscone Convention Center, San Francisco, CA, contact: American Academy of Family Physicians, 800-821-2512.

17-19, American Academy of Otolaryngic Allergy, Annual Meet-

Continued on next page

SEPTEMBER/Continued

ing, Chicago Marriott, Chicago, contact: American Academy of Otolarygic Allergy, (202)682-0456.

19-23, American Academy of Otolaryngology—Head and Neck Surgery Foundation, Inc., 91st Annual Meeting, Chicago, IL, contact: American Academy of Otolaryngology, (202)289-4607.

28-10/2, The American College of Physician Executives, The American Academy of Medical Directors, The Physician in Management Seminar I, Monterey, CA, contact: Sherry Mason, American Academy of Medical Directors, 4830 W. Kennedy Blvd., Suite 648, Tampa, FL 33609 (813)873-2000.

October

8-11, American Society of Internal Medicine Annual Meeting, Atlanta, contact: Joseph P. Boyle, MD, 1101 Vermont Avenue, NW, Suite 500, Washington, DC 20005 (202) 289-1700.

10-14, American Society of Anesthesiologists Annual Meeting, Atlanta, contact: John W. Andes, Executive Secretary, 515 Busse Highway, Park Ridge, IL 60068 (312)825-5586.

11-16, American College of Surgeons Annual Meeting, San Francisco, contact: Paul A. Ebert, MD, Director, 55 E. Erie Street, Chicago, IL 60611 (312)664-4050.

12-14, American Society for Surgery of the Hand, Industrial Problems of the Upper Extremity in the U.S and Canada, Ann Arbor, contact: Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313) 755-4588.

17-18, American Academy of Otolaryngic Allergy Annual Meeting, Chicago, contact: Sandra L. May, Executive Director, 1101 Vermont Avenue, NW, Suite 302, Washington, DC 20005 (202) 682-0456.

18-25, American Congress of Rehabilitation Medicine's 64th Annual Session and the American Academy of Physical Medicine and Rehabilitation's 49th Annual Assembly, Marriott World Center Resort, Orlando, FL, contact: Connie Van Brunt McMillan, Director, Marketing Communications (312)922-9366.

24-30, American Society of Clinical Pathologists Annual Meeting, New Orleans, contact: Robert A. Dietrich, MD, 2100 W. Harrison Street, Chicago, IL 60612 (312) 738-1336.

31-11/4, American Academy of Pediatrics Annual Meeting, New Orleans, contact: James E. Strain, MD, Executive Director, 141 Northwest Point Road, P.O. Box 927, Elk Grove Village, IL 60007 (312) 288-5005.

November

2-5, American College of Emergency Physicians Annual Meeting, San Francisco, contact: Colin C. Rorrie, Jr., PhD, Executive Director, P.O. Box 619911, Dallas, TX 75261-9911 (214)550-0911.

8-13, American Society of Plastic and Reconstructive Surgery Annual Meeting, Atlanta, contact: Thomas R. Schedler, Executive Director, 233 N. Michigan Avenue, Suite 1900, Chicago, IL 60601 (312)856-1818.

OTHER MEETINGS

September

11, Quality and Utilization Analysis Using Existing Data Resources, Holiday Inn-Livonia West, Livonia, contact: Jeanne Howard, Member Services, Michigan Hospital Association (517)323-3443.

24-25, Seventh Annual Conference of the Society of Public Health Education (SOPHE), Amway Grand Plaza, Grand Rapids. contact: Lori Stegmier, Vice President, GLC, SOPHE, Chief Health Educator, Kent County Health Department, Grand Rapids (616) 774-3841.

24-26, One Who Stays: A Symposium on the Humanities, Medicine, and AIDS, contact: Linda Garcia-Shelton, PhD, Associate Professor and Director of Behavioral Science, St. Joseph Hospital—Michigan State University Family Practice Residency, 302 Kensington, Flint 48502 (313)762-8000.

25-27, Michigan Society of Medical Assistants Fall Seminar, Bay Valley Inn, Bay City, contact: Norma Detzler, CMA, 108 West Gier, Lansing 48906.

November

16-18, Challenge 150: Michigan Civil Rights Commission Fall Conference, Lansing, contact: Lois McCullen, Michigan Department of Civil Rights, Lansing Executive Office, 303 W. Kalamazoo, Lansing 48913 (517)334-6079.

CLASSIFIED

The rate for each classified advertisement in *Michigan Medicine* is 40¢ per word, with a minimum charge of $20.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

ORTHOPEDIC SURGERY Veterans Administration Medical Center, affiliated with Wayne State University in Detroit, seeks board eligible or certified Orthopedic Surgeon with experience in joint replacement, sports medicine in general orthopedic. The VA is an equal opportunity employer. Submit current curriculum vitae to: Chief of Staff, VA Medical Center, Allen Park 48101.

GREENFIELD MEDICAL CENTER, GREENFIELD, INDIANA Would like OB/GYN practicing physician. City of Greenfield presently without OB/GYN; Greenfield population 11,000; excellent location, close to Hancock County Memorial Hospital, offering re-location incentives. Call (317)842-8400, Debbie Owens.

ANN ARBOR, MICHIGAN—Immediate opening for BC/BE peditrician in growing group practice. University of Michgian appointment available. Attractive compensation and benefit package. Partnership available. Forward CV to Neal R. Weinberg, MD, 3075 Clark Road, Suite 301, Ypsilanti 48197.

MICHIGAN, GROSSE POINTE Full time ED position in new hospital emergency department. Prefer board certified/prepared physician in EM or primary specialty. Faculty affiliated with emergency medicine residency. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

AUGUST, SEPTEMBER, OCTOBER Various locum tenens positions available in emergency departments throughout Michigan. Combine vacation with work schedule. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

MICHIGAN, ANN ARBOR-DETROIT AREA: Looking for career-oriented emergency physicians board certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Excellent compensation including malpractice insurance. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

MICHIGAN-LICENSED PHYSICIAN WANTED for clinical work only in beautiful Detroit suburb of Birmingham. Treatment of varicose veins using injection-compression sclerophiloboplasty. No specialty required. No weekend or evening hours. Send CV to: Vein Clinics of America—Michigan Branch, 30600 N. Telegraph Road, Suite 2221, Birmingham 48010. Phone (313)642-0210.

FAMILY PRACTITIONER WITH OBSTETRICAL EXPERIENCE A six person Family Practice Group in a lively small Eastern Washington community is in need of an experienced family physician with broad obstetrical experience. Two older physicians in the group have stopped obstetrics and the load is too heavy for the remaining physicians. Good pay. Excellent call schedule. Unlimited recreational pursuits available. This practice is part of the U of W Medical School teaching program and if you are thinking of a change, this is an excellent opportunity. Contact Lyle J. Cowan, MD, Rt. 3, Box 25, Omak, Washington 98841.

FAMILY PRACTICE. Physician to join an established family practice physician in multi-specialty group on the southeastern shores of Lake Michigan. The serving area is 75,000 people. Full ICU and CCU privileges in 332-bed modern hospital. Compensation includes salary/productivity bonus plus benefits. Please reply to Box 106, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

FAMILY PRACTICE/INTERNAL MEDICINE An immediate care center in affluent suburb of Detroit seeking board certified or certifiable physician. Structured hours. Affiliated with 500-bed acute care medical center where all specialties are represented. Full hospital privileges available. Compensation guaranteed, includes productivity plus benefits. Please reply to Box 107, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

INTERNAL MEDICINE Bernie Hoffman Associates, Inc., a Healthcare Management Consulting Firm, seeks board eligible or certified Internist for two multi-specialty group practice opportunities. The typical satellite center provides an excellent practice setting for a four person physician group. Salary is commensurate with experience and coupled to an excellent benefits portfolio including fully paid liability coverage. Please forward your curriculum vitae or for more information contact: Jim Lucas, Associate, Bernie Hoffmann Associates, Inc., 20755 Greenfield, Suite 601, Southfield 48075 (313) 557-9340.

SOUTHERN MICHIGAN Opportunity for a Board Certified Psychiatrist to provide leadership on a well-established, extremely successful 40-bed psychiatric unit at W. A. Foote Memorial Hospital, Jackson, MI. As Clinical Director and private practitioner, you will have all the resources you need to build a high-powered career: An excellent financial package which includes a generous stipend for administrative duties, the freedom to establish a private practice, a steady stream of referrals, a national support network, and more. For more information, call Terry Macheski at 800-368-3589, ext. 4676, or send CV to: Dept. JMM887, Mental Health Management, Inc., 1500 Planning Research Drive, Suite 250, McLean, VA 22102. EOE.

INTERNIST, OB/GYN AND GENERAL PRACTICE PHYSICIANS: Immediate opening in a busy established practice, located in the thumb of Michigan, about 100 miles from Detroit. Excellent schools, comfortable lifestyle with many opportunities for outdoor recreation. Competitive salary with all practice expenses paid, plus fringe benefits. Shareholder status available after first year. Reply to: Pigeon Clinic, PC, 7293 Michigan Avenue, Pigeon 48755 or call (517)453-3221.

Continued on next page

"This is as far as I can go without getting a crick in my back."

CLASSIFIED/Continued

ORTHOPEDIC SURGERY opportunities throughout the Midwest and Colorado. These positions offer both general orthopedic practices, along with subspecialized training. Partnership and group settings. Contact: Jean Malkasian, 250 Regency Ct., Waukesha, WI 53186, (414)785-6500 (collect).

FAMILY PRACTITIONER full time community Health Center needed to start August 1987, but would consider later availability. Salary, perks, negotiable. Send CV to: C. W. Aldridge, MD, Medical Director, Neighborhood Health Services, 550 Cherry SE, Grand Rapids 49503. Phone (616)454-5212.

HENRY FORD MEDICAL CENTER—FAIRLANE'S expanding full service medical emergency room seeking additional emergency room physician. 1986 volume 47,000. Must know pediatrics, ACLS and ATLS certified. Send CV to: Michael E. Somand, MD, Medical Director, Henry Ford Medical Center, 19401 Hubbard Drive, Dearborn 48126.

DERMATOLOGY—Opportunities throughout the Midwest and Pennsylvania. These positions offer both general practice along with subspecialized training. Excellent guarantees. Partnership, group, and solo positions available. Contact: Jean Malkasian, 250 Regency Court, Waukesha, WI 53186, (414)785-6500 (collect).

ANESTHESIOLOGISTS WANTED to join Central Wisconsin Anesthesiology, SC which consists of four established, hospital-based anesthesiologists. All specialities are served including open heart, neuro, obstetrics, and gynecology. If interested, phone (715)845-5505 or write to: Central Wisconsin Anesthesiology, SC, 425 Pine Ridge Boulevard, Suite 207, Wausau, WI 54401.

MINNEAPOLIS—SEEKS BC/BE ASSOCIATES in adult psychiatry, cardiology, family practice, internal medicine and obstetrics and gynecology. Practice quality medicine in a prepaid multispecialty setting located in one of America's leading metropolitan areas. Comprehensive benefits, excellent facilities, flexible compensation programs. For further information about joining the Group Health medical staff, call Jerry Hess at (612)623-8444 or write to: Group Health, Inc., Attn: Jerry Hess, 2829 University Avenue, SE, Minneapolis, MN 55414.

IMMEDIATE OPENING FOR: Family Practitioner or Internist. Full or part time. Maybe semi-retired for physicians office in the Southfield, Lathrup Area. Call Richard Corey, Administrator (313)557-5155.

PACIFIC NORTHWEST. Practice opportunities with the Wenatchee Valley Clinic. Situated on the Columbia River in the foothills of the Cascade Mountains, the Wenatchee Valley Clinic is a multispecialty medical group of 105 physicians with seven satellite locations. Currently we are seeking the following physicians to join our main facility in Wenatchee: Pediatrician, Allergist, Nephrologist, General Internist and Psychiatrist. Excellent compensation and benefit packages are available. Wenatchee provides a high quality of life for those interested in an abundance of recreational opportunities in a family oriented rural setting. If interested, send your CV to Gerald Gibbons, MD, Medical Director, Wenatchee Valley Clinic, 820 North Chelan Avenue, Wenatchee, Washington 98801 or call (509)663-8711 ext. 205.

FAMILY PRACTITIONER Marshfield Clinic—Durand Center is seeking a board certified/board eligible family practitioner to join another family practitioner in an established office based practice in Durand, Wisconsin. Durand offers a rural location with abundant outdoor recreational opportunities located in scenic western Wisconsin. the Durand Center offers the family practitioner the autonomy of a private, primary care practice plus the financial and professional resources of Marshfield Clinic, a 250-physician multi-specialty group. This physician would enjoy full hospital privileges at the local hospital in Durand. Excellent salary and fringe benefits. Please send curriculum vitae to: Robert Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449 or you may call collect at (715)387-5498.

FAMILY PRACTITIONER Board certified or eligible to join 11 physician, expanding multispecialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four year college. Excellent salary and benefits. Call collect (715)532-6651 or send curriculum vitae with names of references to: John Smylie, Administrator, Marshfield Clinic, Ladysmith Center, 906 College Avenue W., Ladysmith, WI 54848.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/GYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well equipped 77 bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

MISCELLANEOUS

HOLTER MONITOR— Quality scanning for reel or cassette records by a company in the medical field for over twenty years. Quality reports by qualified techanicians and certified cardiologists returned in 24 hours. Recorders loaned, leased or purchase new dual channel holter recorder, $995, with one year warranty. For further information call Advance Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new dual channel (cassette) recorder for as little as $48.00 per month. $35.00 for reports. DCG Interpretation. (313)879-8860.

LEASE HOLTER RECORDERS or other medical equipment. Medical Leasing Company. (313)879-8860.

PHYSICIAN SIGNATURE LOANS TO $50,000. Up to 7 years to repay. No prepayment penalties. Prompt, courteous service. Competitive fixed rate. Physicians Service Association, Atlanta, GA. Toll-free (800)241-6905.

SOLO GYNECOLOGY PRACTICE FOR SALE. This solo gynecology practice has done no obstetrics for ten years. In the past six years (1981 through 1986) actual business was 2.72 million dollars and actual money collected was 2.49 million dollars. Mid Michigan community with excellent hospital (one), schools, parks, churches, colleges and golf courses. Ann Arbor and East Lansing are nearby. An experienced and superbly qualified team (certified registered nurse practitioner, registered nurse, master word processor and a receptionist) is willing to stay on. Owner will transmit clinical skills and introduce buyer to patients. Please reply to Box 101, Michigan Medicine, PO Box 950, East Lansing 49926-0950.

FOR SALE: INTERNAL MEDICINE PRACTICE located in prosperous community within easy travel of Flint, Detroit, Ann Arbor, Lansing. Patient mixture comprised of 75 percent female. Sale of practice to include all office equipment. Write: ICDA, PO Box 6366, Saginaw 48608 or call Linkage Enterprises (517)799-0125 and ask for Mr. Ferris Finerty.

APPRAISAL SERVICE FOR THE PROFESSIONAL. Medical and office equipment for physicians offices, nursing homes, hospitals and clinics. 20 years experience. Business valuations also available. No sales. Call or write Schrader Companies, 1108 S. Water, PO Box 3205, Saginaw 48605. (517)752-0800.

50% OFF PREVIOUSLY OWNED MEDICAL laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Medical Equipment Resale and Repair Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

APPRAISALS AVAILABLE by Certified Surgical Consultant; practice sales, retirement, taxes, inventory, divorces. Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback Nursing Homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group, Inc., (313)548-9900.

Editor's note:

In "What's happened to compassion," Carl Gagliardi, MD's July President's Page, a word was inadvertently omitted.

Regarding the infant mortality problem, Doctor Gagliardi's article should have read, "This problem is especially acute in Wayne County, especially in inner-city Detroit. In 1980 there were 30 black physicians in or near the medical center who were delivering babies. Today there are five, and I understand there will be only four left by the time this reaches print." ☐

I thought you said we're on to something big!"

PRACTICE APPRAISALS AND EVALUATIONS Protect your interests before you buy or sell a practice call us! We specialize in determining the value of your practice for any purpose—sale, purchase, buying, divorce, partnership development, buyout and practice management. Call Richard Corey, CDC, 31158 Perrys Crossings, Farmington Hills 48018. (313)661-0888.

FOR SALE: FAMILY PRACTICE in Birch Run, Michigan (near historic Frankenmuth). Six examining rooms, x-ray, supply room, doctor's office. Two baths, large reception area and waiting room. Available for immediate occupancy. Terms available. Call (313)762-4727.

FOR SALE: FAMILY PRACTICE in St. Charles, Michigan. 2,000 square foot office with three treatment rooms, x-ray, lab, pharmacy, ample parking. Fully furnished and equipped. Terms available. Call (313)762-4727.

SOUTH CENTRAL MICHIGAN Ophthalmology—two offices/established 15 years—$75,000 cash deposits in April—New Laser—Easy Budget Terms. Call Herb Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

LINCOLN PARK Retiring—Established 35 years—located in a favorable residential area—Bus transportation—good parking—fully equipped—net $79,000 plus—Great referrals—patient base constantly growing. Great terms—pay for practice out of profits—Call Herb Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

MT. PLEASANT Excellent opportunity—netting $14,000 monthly, college town provides good solid patient load, location in modern professional plaza—shopping mall nearby—qualified and varied equipment, 3-exam rooms, lab, minor in-office surgery—Privileges at local hospital. Call Herb Silverman, Associate Broker—Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

OAK PARK—DOCTOR LEAVING STATE Established general practice ideal starter/merger opportunity—well equipped several exam rooms—pleasant surroundings—busy intersection—good patient load—growth opportunity terms "easy". Call Herb Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

UTICA—GROSSING UP TO $311,000 General practice—prime location. Excellent equipment—including auto processor, x-ray, lab, nuclear—Beaumont Hospital nearby—Easy terms!! Call Herb Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

WESTLAND—NET $150,000 TO $200,000. Established 15 years—surgery practice with solid patient load—hospital nearby—Terms!!—great opportunity. Call Herb Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

FABULOUS FAMILY PRACTICE in thriving city of Rochester. Crittenton Hospital, shopping center and nursing home within walking distance. Office is sharp, neat, well organized, beautifully furnished and large enough to accomodate two doctors. Loyal and stable patient base. Great nucleus for growth—grossing $180,000 yearly. Call Herb Silverman, Associate Broker—Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

LONG ESTABLISHED ACTIVE PEDIATRICS & ADOLESCENT Medicine Practice located in attractive professional building—close to busy shopping center—12 Mile near Northwestern Highway. Grossing income "$437,000." Modern, colorful, well equipped office. new patients 10-15 per month. OB/Patient referrals. Smooth transition. Terms!!! Call Herbert Silverman, Associate Broker, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village (313)569-7336.

FOR LEASE 10 Mile at Southfield Road. 1,000 square feet. Shared waiting room with established podiatrist. Four treatment rooms with water, lab, lavatory and more. Newer building. No stairs. Negotiable terms for right professional. Call (313)559-4594.

GENERAL PRACTICE: suburban area. OB/GYN practice, Macomb County. Two internal medicine practices, Bay City and Redford. Surgical practice, Royal Oak. Two psychiatric practices, St. Clair Shores and Grand Blanc. Gastroenterology practice, N. Oakland County. Womens Clinic, Detroit. For more information call Lydia Sikora, Commonwealth Health Care Group, Inc., (313)548-9900.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback Nursing Homes in Michigan. All inquireis are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED. We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquireis are confidential. Call Commonwealth Health Care Group, Inc. (313)548-9900.

Three down and nine to go

By Carl A. Gagliardi, MD

The first three months of my term as president of the Michigan State Medical Society have been unbelievably busy and have passed by with tremendous speed. The following is a bird's eye view of my activities in representing our Society during this period—in addition to trying to earn a living, of course.

May 5: Novi, MSMS Auxiliary Banquet.

May 6: Novi, MSMS Auxiliary Annual Meeting (speaker).

May 7-8: Minneapolis, guest of the Minnesota Medical Association at their annual meeting.

May 13: East Lansing, meeting of Board of Michigan Health Council.

May 15-17: Petoskey, Michigan Association of Medical Educators (speaker).

May 20-22: Traverse City, Medical Staff/Trustee/Administrator Forum (speaker).

May 28: Detroit, Michigan Hospital Association/MSMS Issue Conference (Chair).

June 6: Detroit, Wayne County Medical Society Inaugural Ball.

June 10: East Lansing, meeting with specialty society representatives of the Dental Association.

June 10: East Lansing, AMA House of Delegates briefing.

June 10: East Lansing, MSMS Task Force on Professional Liability, planning session for upcoming year (Chair).

June 12: Lansing, Michigan Healthy Mother, Healthy Baby Coalition and Michigan State University College of Human Medicine joint Conference on Healthy Future for Michigan Mothers and Babies (participant, with Robben Fleming, PhD, and representatives of hospital administrators, trial lawyers and the Insurance Commissioner's office, on a panel to discuss the effect of liability issues).

Doctor Gagliardi

June 13: Dearborn, Philippine Medical Association of Michigan Presidential and Inaugural Ball (speaker).

June 15: Chicago, second meeting with staff of the Health Policy Agenda.

June 17: Detroit, Wayne County Medical Society Annual Meeting.

June 19-24: Chicago, AMA House of Delegates Meeting.

June 25-26: Mackinac Island, Michigan Hospital Association annual meeting (speaker).

July 8: Detroit, Wayne County Medical Society Council Meeting.

July 16-19: Boyne Mountain, MSMS Summer Board Meeting.

July 29-31: Traverse City, Coller, Penberthy, Thirlby Conference.

In addition to the above, I have been appointed by Governor Blanchard to the Michigan Chemical Dependency Policy Study Group to be chaired by former Governors Milliken and Swainson. More on that later.

As you can see, this has been a very hectic schedule. Although many of these meeting locations sound glamorous and wonderful and they certainly are, my schedule has not been easy. It needs to be carried out, however. We need all the friends we can get and I shall do my utmost to get them for us. Nevertheless, I certainly could not have done all this without the full support and understanding of my wife, who is willing to do what it takes to help me succeed in this presidency. Thanks, Marj.

Now for a few brief observations: Our Auxilians demonstrate boundless enthusiasm as they stand shoulder to shoulder with their spouses—indeed they are one of our greatest assets.

Secondly, the Munson Medical Center in Traverse City knows how to put together a truly classy continuing education conference. The Coller, Penberthy, Thirlby Conference compared favorably with any that I have attended at the University of Michigan, Yale, Harvard or anywhere else in this country.

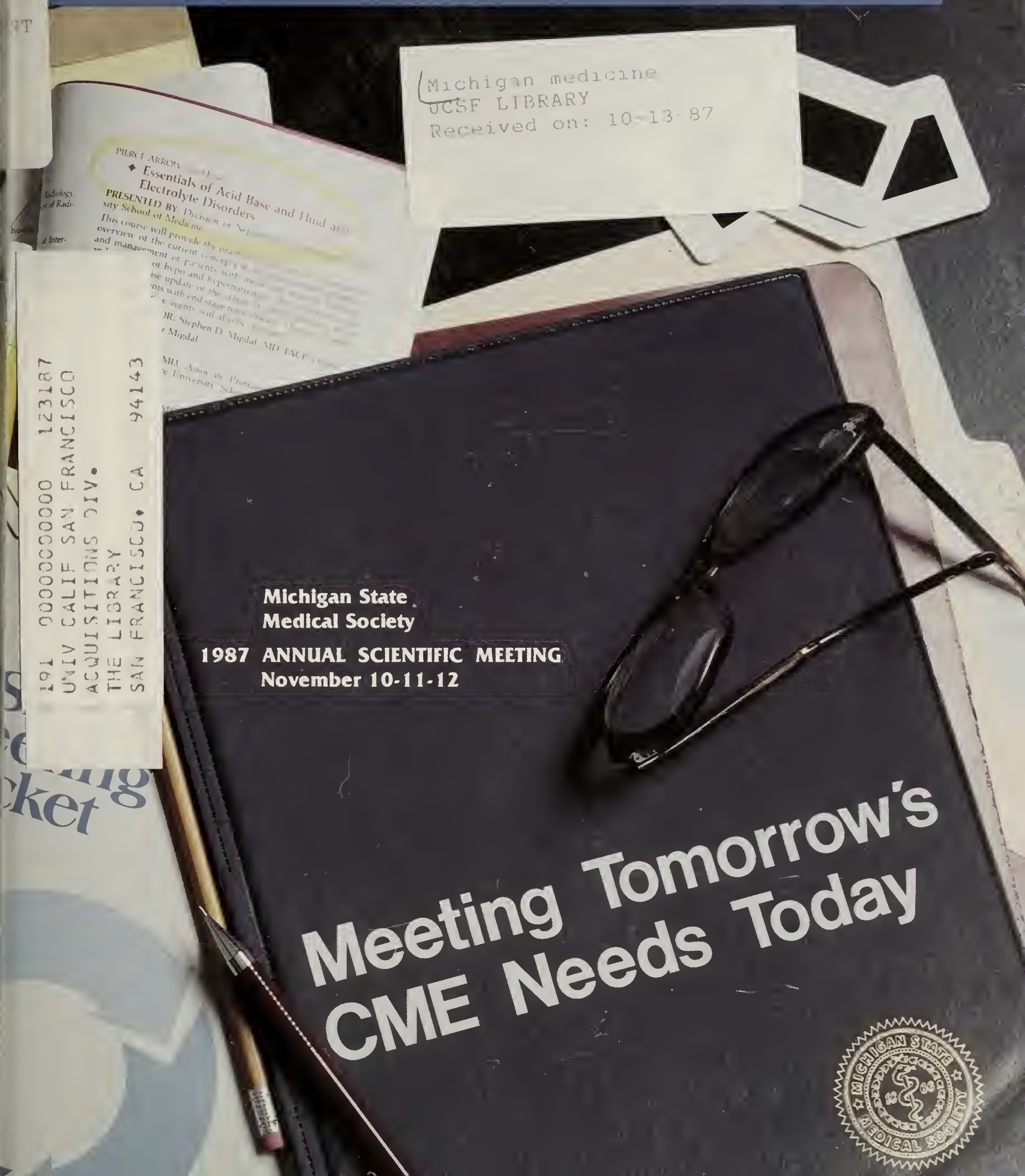
Last, but certainly not least, I have learned that MSMS is respected and that other organizations look to us for leadership. ☐

M I C H I G A N
MEDICINE

SEPTEMBER 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86, NO. 9

Michigan medicine
UCSF LIBRARY
Received on: 10-13-87

191 000000000 123187
UNIV CALIF SAN FRANCISCO
ACQUISITIONS DIV.
THE LIBRARY
SAN FRANCISCO, CA 94143



Michigan State
Medical Society
1987 ANNUAL SCIENTIFIC MEETING
November 10-11-12

Meeting Tomorrow's CME Needs Today

insight

1987
MSMS Public Affairs Leadership Conference

Wednesday, October 21, 1987
Lansing Clarion Hotel and Conference Center
8:30 AM-4:00 PM

This year's conference program includes:

- **Political commentary**
  Jack Casey, Casey Communications
- **Competition at the national and local level:**
  Leonard Wood, National Blue Cross & Blue Shield Association
  David Stakor, Stakor & Associates
  Don Puscas, President, BCBSM
- **The Swedish system of resolving malpractice cases**
  Professor Marilyn Rosenthal, University of Michigan
- **MSMS 1987 Workplan on Medical Liability**
  Carl Gagliardi, MD, MSMS President
- **AIDS**
  Medical Update, Reynard Bouknight, MD
  Ethical Debate, Howard Brody, MD
- **Michigan Economics — Are We Headed Toward Another Recession?**
  Jay Endsley, Health Management Associates

1987 Public Affairs Leadership Conference
Michigan State Medical Society
P.O. Box 950
East Lansing, Michigan 48826-0950

Please print or type.

Name ____________________

Address ____________________

City____________________

State ____________ Zip ____________

Phone Number (________) ____________

For more information:
Please contact Sherry Wellman
at MSMS Headquarters —
517/337-1351

Registration fee (Please check one)
☐ MSMS member and/or component society representative $40
☐ Resident Physician or Student $20
☐ Nonmember $45

Amount enclosed $__________
Please make check payable
to Michigan State Medical Society

MICHIGAN
MEDICINE

September 1987 Vol. 86 No. 9

Special Report

The MSMS Annual Scientific Meeting is one of the highest-quality, best-organized continuing medical education programs for physicians. And it's right here at home November 10-12. The full schedule of courses, course directors, an at-a-glance list of special activities during the meeting, and exhibitors all are detailed here. Don't miss the registration form on page 582! 580

Features

The physician as artist
Participants in a new *Michigan Medicine* section showcase their sculpture, poetry and prose 599

Car rental insurance
When you walk up to the rental counter, you should know just what your own insurance will cover and what it will not 603

The amphetamine blues
The Michigan public is well served by the new amphetamine rules, which have dramatically improved medical care — By Thomas J. DeKornfeld, MD 606

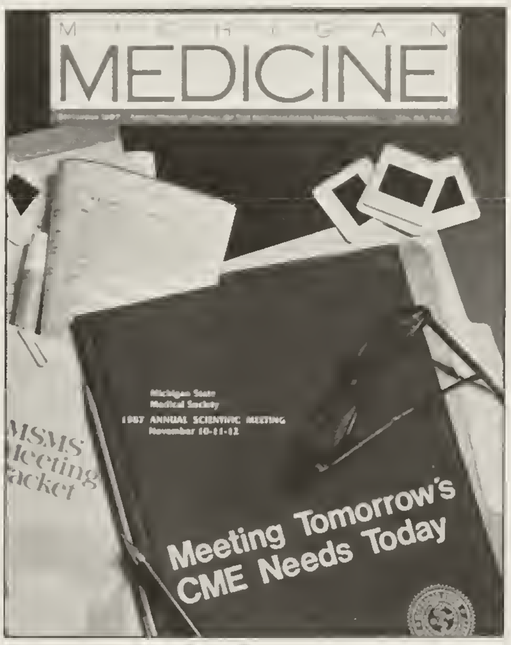
Call for entries for physician-as-artist page 612

Board of Medicine actions 615

FYI: MSMS files harbor medical practice figures
MSMS Section on Medical Economics shares recent statistics on hospital admissions, professional expenses, personal health care expenditures 616

Seminar for graduates of foreign medical schools
A photo feature 622

Making sense of MAACs
A photo feature 638


MICHIGAN
MEDICINE
Michigan State Medical Society
1987 Annual Scientific Meeting
November 10-11-12
MSMS Meeting Packet
Meeting Tomorrow's CME Needs Today

Departments

Letters 579
Medical newsfronts 625
Physicians in the news 630
New members 640
Category I courses 645
Meetings 647
Classified 649
Ad index 651
President's page
Come to the Annual Scientific Meeting! —
By Carl A. Gagliardi, MD 652

In next month's issue of *Michigan Medicine:* "Membership that matters" — annual special report on the people who make MSMS.

Cover photo by Kim Kauffman.

Michigan State Medical Society

President	Carl A. Gagliardi, MD, Dearborn
President-Elect	Frederick W. Bryant, MD, Royal Oak
Secretary	Robert M. Leitch, MD, Battle Creek
Treasurer	Leland E. Holly, II, MD, Muskegon
Speaker	Gerald H. Mandell, MD, Detroit
Vice Speaker	Robert D. Burton, MD, Grand Rapids
Past President	Thomas R. Berglund, MD, Portage
AMA Del. Rep.	Donald K. Crandall, MD, Muskegon

Board of Directors

Chairman	Robert E. Paxton, MD, Fremont
Vice Chairman	Frank B. Walker, MD, Grosse Pte. Farms

District directors

Dist.	
1	Susan Adelman, MD Southfield Robert W. Black, MD Detroit Henry M. Domzalski, MD Detroit Richard P. Horsch, MD Farmington Hills W. Peter McCabe, MD Grosse Pte. Woods Arthur A. Ulmer, MD Grosse Pte. Shores Frank B. Walker, MD Grosse Pte. Farms
2	Thomas C. Payne, MD East Lansing
3	Lionel E. Dorfman, MD Battle Creek
4	B. David Wilson, MD Kalamazoo
5	R. Jack Chase, MD Grand Rapids Kornelius Van Goor, MD Grand Rapids
6	Richard L. Rapport, MD Flint
7	Kenneth B. Herrington, MD Bad Axe
8	Jack L. Barry, MD Saginaw
9	John W. Hall, MD Petoskey
10	James L. Fenton, MD Bay City
11	Robert E. Paxton, MD Fremont
12	Carl F. Hammerstrom, MD Marquette
13	Kenneth E. Rowe, MD Hancock
14	Fred E. Patterson, MD Jackson Marguerite Shearer, MD Dexter
15	Billy Ben Baumann, MD Pontiac Peter A. Duhamel, MD Rochester Earl G. Moehn, MD Mt. Clemens

Michigan State Medical Society
William E. Madigan,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Judy Marr and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Survey authors say thanks

We were pleased to see the article on our *MICHIGAN '87* survey in the July issue of *Michigan Medicine.* We appreciate the opportunity to be a part of your fine publication and to share our findings with your readers.

If it isn't inconvenient, we would appreciate a few extra copies of the July *Michigan Medicine* to share with business associates and fellow communicators. Please let me know if special arrangements are required for additional copies.

We enjoyed working with you. If there is anything we can do for you in the future, please let us know.

Ray Carson,
Account coordinator
Casey Communications
Management, Inc.

Gagliardi on the right track

I would like to state my approval and admiration for Doctor Gagliardi's enthusiasm in his attempt to muster physician support in legislative action in the hopes of finding a solution in Michigan for the liability problem.

I am currently practicing orthopedics in Flint and recently I obtained the American Academy of Orthopedic Surgeon's Manpower Survey. In summary, Michigan ranked as a state having the lowest orthopedists to patient ratio in the United States. It was also a state with the highest median age of practicing orthopedic surgeons in the United States. Retrospectively, we must ask ourselves why the above has occurred and certainly I believe the liability situation has more to do with the conclusions of the American Academy of Orthopedic Surgery than the weather climate in this state.

Doctor Gagliardi is absolutely right on in his perception of our liability problem. It is my opinion that the Michigan State Medical Society should take a more militant and active role in the attempt to solve the problem. Ultimately the Michigan State Medical Society's existence depends on the viability of medicine in this state and the American Academy of Orthopedic Surgeon's Manpower Survey does not speak well for the viability of orthopedics in the state of Michigan.

It is my opinion that a good government's responsibility to its citizenship is to do what is best for the citizens and to protect them from destruction. Good government should act above special interest groups particularly when destruction is eminent.

We physicians desperately need to be motivated if we are planning on staying in this state and to act as a unit and do whatever is necessary to get the state government to move towards a reasonable solution to the medical liability problem. This is paramount for the economic survival of the state of Michigan in the world marketplace as well as for the well-being of the state's citizenship.

It is my belief at this time that many physicians are so pessimistic that they have placed their own self-preservation paramount and are opting for early retirement, departure from the state, or departure from practice altogether as a solution for their particular liability problem. The full effect of this activity is yet to be felt. We all need to support Doctor Gagliardi's activity. We are blessed with a man who has realistic vision and understands our single most important problem.

Larry L. Pack, MD
Flint

At-a-glance Schedule of Special Events

Tuesday, November 10	7:30 AM	Great Lakes Exhibit Center Open
	8:30 AM	Clinical Poster Display (Authors present from 3:30 to 5:30 PM)
	6:00 PM	Reception and Dinner University of Michigan Medical Center, Department of Physical Medicine and Rehabilitation
Wednesday, November 11	7:30 AM	Great Lakes Exhibit Center Open
	8:30 AM	Clinical Poster Display (Authors present from 3:30 to 5:30 PM)
	9:00 AM	Board Meeting and Luncheon Michigan Allergy Society
	12 Noon	Luncheon Specialty Society Presidents
	12 Noon	Women Physicians' Luncheon Sponsored by MSMS Committee on Concerns of Women Physicians
	1:00 PM	Board Meeting Michigan Chapter, American College of Emergency Physicians
	1:00 PM	Meeting Michigan Chapter of American Academy of Pediatrics
	3:00 PM	Board Meeting Michigan Orthopaedic Society
	6:00 PM	Open House University of Michigan Medical School
	6:00 PM	Reception and Dinner Michigan Orthopaedic Society
	6:00 PM	Reception Wayne State University Medical Alumni
	6:00 PM	Reception/Cash Bar Michigan State University College of Human Medicine
	6:00 PM	Reception and Dinner American Urological Association — Michigan Branch
	6:30 PM	Reception and Dinner Michigan Society of Colon and Rectal Surgeons
Thursday, November 12	7:30 AM	Great Lakes Exhibit Center Open
	12 Noon	Luncheon Meeting Michigan Occupational Medical Association
	6:00 PM	Reception and Dinner Michigan Occupational Medical Association
	6:00 PM	Reception and Dinner Michigan College Nuclear Medicine Physicians

Come home to Annual Scientific Meeting!

By Rudi Ansbacher, MD

One of your best and most economical continuing medical education opportunities is the 1987 MSMS Annual Scientific Meeting.

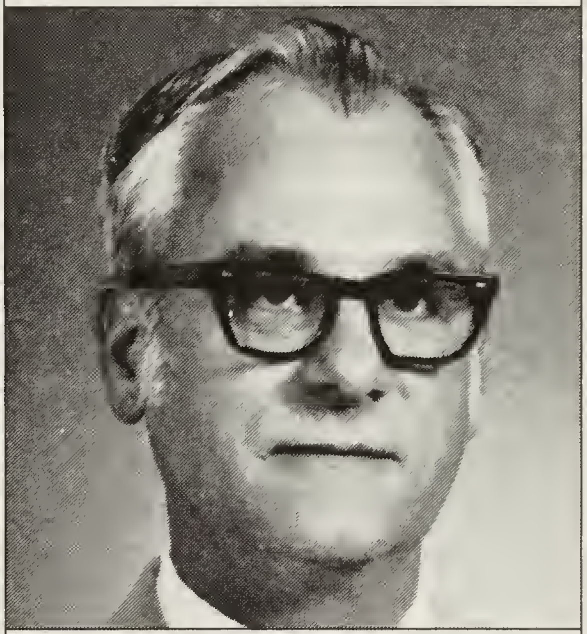
And it's right here at home in Michigan.

What could be more appropriate during the Michigan Sesquicentennial year than to accept my invitation to earn your CME credits at home?

The meeting is November 10-12, and the location is the Hyatt Regency Dearborn.

On the following pages of this *Michigan Medicine* you will find a description of courses accompanied by course directors, an at-a-glance schedule of special events during the three-day meeting, a list of exhibitors and a complete registration form.

MSMS offers you 55 half-day courses to choose from this year, all awarding Category I credit toward Michigan relicensure requirements, and most also awarding AAFP prescribed credits for family physicians.


Doctor Ansbacher

The courses and their presenters have been carefully chosen for you by the MSMS Annual Scientific Meeting Planning Committee. They offer state-of-the-art information, variety in subjects and sponsors, and high-quality presentation.

Here are some more good reasons for taking advantage of this made-in-Michigan product:

- Economical registration fees
- A convenient location and free parking
- Seventy educational and commercial exhibitors geared to the needs of your practice
- The chance to win free lodging for two nights, and dinner for two on the hotel, if you make your room reservations early
- Opportunities to meet your friends at open houses planned Wednesday evening by the medical schools of Michigan State University, University of Michigan and Wayne State University

Among special features this year are several courses attacking the problems of AIDS. Other timely topics include spinal cord and head injuries, Alzheimer's disease, problems of deafness, suicide, exercise physiology and wellness, drug interactions, and magnetic resonance imaging. An alpha-omega series spanning the three-day meeting will examine orthopedic problems in youth, the middle-aged and the elderly.

The popular poster presentations will be on display all day Tuesday and Wednesday this year, with authors on hand for discussion from 3:30 to 5:30 p.m. both days.

Come home to the 1987 MSMS Annual Scientific Meeting. I look forward to greeting you personally.

PLEASE SEND ENTIRE PAGE WITH CHECK

1987 MSMS Annual Scientific Meeting, Hyatt Regency Dearborn
Registration form for Category I CME Courses

***All courses are approved for AAFP Prescribed Credit EXCEPT those marked with an asterisk.**

TUESDAY MORNING, NOV. 10
(8:30 to Noon, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ Basic Cardiac Life Support
____ Breast Cancer: Early Treatment
____ Comment and Controversy in Rheumatic Diseases
____ Effects of Traumatic Family Situations on Children
____ Infectious Diseases Update
____ Managing Chronic and/or Intractable Head and Face Pain
____ Prevention, Diagnosis and Treatment of Spinal Cord and Head Injuries
____ Thoracic Surgical Problems in General Practice
*____ Treatment of End Stage Heart Disease

TUESDAY AFTERNOON, NOV. 10
(1:30 to 5:00, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ Alzheimer's Disease: Diagnosis and Treatment
____ Cardiology and the Older Patient
____ Common Orthopaedic Problems in Childhood (Alpha-Omega Part 1)
____ Dealing More Effectively With Your Deaf Patients
____ Radiologic Workup of Common Clinical Problems: 1987 and Beyond
____ Rehabilitation Medicine: Assessment & Management for the Community Physician
____ Sinorespiratory Disorders: What's New in the Nose and Throat
____ Suicide: Concepts & Controversies

WEDNESDAY MORNING, NOV. 11
(8:30 to Noon, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ Adolescent Health Care: Concepts and Controversies
*____ Anesthesiology: New Agents and Techniques
____ Critical Care of the High-Risk Pregnant Woman
____ Drug Interactions: Clinical Relevance
____ Exercise Physiology and Wellness
____ Low Back Pain: Treatment Options
____ Lung Cancer: An Update
____ Management of Patients with Acute Diarrhea, Food Poisoning and Anaphylaxis
____ Management of Wrist and Knee Injuries (Alpha-Omega Part 2)
____ Special Problems of Patients with Obstructive Pulmonary Disease

WEDNESDAY AFTERNOON, NOV. 11
(1:30 to 5:00, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ Advances in Dermatology
____ Allergy, Asthma and Urticaria
____ Basic Cardiac Life Support
____ Clinical Applications of Magnetic Resonance Imaging
____ Genetics-Prenatal Diagnosis: Evaluation, Counseling, Results
____ Male Sexual Dysfunction: Diagnosis and Treatment
____ Neurological Problems: Seizures and Autoimmune Disorders
____ Nutrition: Facts and Fads
____ Patients With Lipid Disorders: A Practical Approach
____ Sexual Abuse in the Prepubertal Child

THURSDAY MORNING, NOV. 12
(8:30 to Noon, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ All About AIDS
____ Basic Cardiac Life Support
____ Controversial Drug Decisions: Issues in Substitution
____ Controversies in Cardiology
____ Diabetes Update 1987
____ Inflammatory Bowel Disease: Medical and Surgical Management
____ Leg and Back Pain: Diagnosis and Management
____ New Orthopaedic Trends in the Elderly (Alpha-Omega Part 3)
____ The Lakes, Air and Land: Toxic Substances in Michigan

THURSDAY AFTERNOON, NOV. 12
(1:30 to 5:00, including break)
(Write 1 in blank for first choice and 2 for second choice)

____ AIDS: the Dilemmas in Testing
____ Critical Care Medicine for the Family Physician
____ Geriatric Neurology
____ Indications for Infusion of Blood Components: Changes of the 80s
____ Medical Ethics: Quality of Care, Quality of Ethics — Who Decides?
____ Medical Surveillance in the Workplace
____ Nuclear Medicine Studies for the Generalist
____ Physical Expressions of the Depressive Disorder
____ Practical Approach to Acid Base and Fluid and Electrolyte Disorders

The MSMS Committee on CME Programming, an organization accredited by the MSMS Committee on CME Accreditation, designates this activity meets the criteria for a maximum of 18 credit hours in Category I toward the requirements for Michigan relicensure and of the Physicians Recognition Award of the AMA, provided it is completed as designed.

Please check the courses you wish to attend. In each case, *please indicate a second choice* should the first choice already be filled. Maximum attendance figures have been set for each course, depending on room size.

Send this entire page with your check. Confirmation of your reservation will be sent to you. Your course credentials, badge, and luncheon tickets must be picked up at the MSMS Registration Desk in the Great Lakes Exhibit Center.

Physicians must make their own hotel reservations prior to 10/14/87 direct with the Hyatt Regency Dearbom, Fairlane Town Center, Dearborn, MI 48126, 313/593-1234. In order to take advantage of the special conference rates, please mention that you will be attending the MSMS Annual Scientific Meeting.

See room reservation card for details about how you can win a complimentary room and dinner for two at Giulio's by making your room reservations early!

Name____
(Please print) (first) (initial) (last)
Street____
City______________________ State ______________ Zip ____________
County ______________________ Phone (   ) ________________
MSMS Member: Yes ☐ No ☐ Resident ☐ Specialty____________ Other____________

Tuition Schedule for Courses:

MSMS Members: $25 for each half-day course
MSMS Members with "retired status" pay half the regular course fee
Non-members: $50 for each half-day course
Residents: $15 for each half-day course
Students: NO CHARGE — Limited Enrollment (lunch tickets may be purchased at Registration Desk)

A deli sandwich will be provided at no extra charge for paid registrants. Advance notice is requested so MSMS can give an accurate guarantee. Please indicate which days you want a lunch ticket.

- Tuesday lunch ☐ Wednesday lunch ☐ Thursday lunch ☐
- Indicate total number of half-day courses:

____ x $25 (members) $________
____ x $12 (retired) $________
____ x $50 (non-members) $________
____ x $15 (residents) $________
____ x $0 (students)
TOTAL $________

Make checks payable to MSMS and mail to MSMS, Box 950, East Lansing, MI 48826-0950

Choose from among 55 courses for category I credit

Tuesday morning, Nov. 10

All courses run from 8:30 to noon with half-hour break

■ Basic Cardiac Life Support

The course will include lectures and practical stations for teaching Basic Cardiac Life Support according to the new American Heart Association guidelines. The practical session will include hands-on teaching of cardiopulmonary resuscitation, obstructed airway in an unconscious and conscious victim, as well as CPR and conscious and unconscious airway obstruction for an infant. A BCLS card or Heart Saver card will be presented upon completion of the course.

COURSE DIRECTOR: Robert K. Orr, Jr., DO, Lansing

Archer

Burks

Breiner

Brody

■ Breast Cancer: Early Treatment

This course is designed to inform the primary care physician, internist, surgeon, radiologist and pathologist about the current controversies and consensus in the management of breast cancer. A series of lectures will present a coordinated multimodality approach to breast cancer diagnosis, including the work-up of the asymptomatic patient. A multidisciplinary approach to the management of breast cancer will be discussed and the role of informed consent, including the impact of recent legislation upon patient selection of treatment options will be summarized.

COURSE DIRECTOR: Harold Perry, MD, Detroit

■ Comment and Controversy in Rheumatic Diseases

This course, through case presentation and comment by a panel of physicians, will provide primary physicians with an update on current therapy in the major rheumatic conditions. The panel will include discussion of rheumatoid arthritis, osteoarthritis, calcific tendonitis, SLE, fibromyalgia syndrome, polymyalgia rheumatic, and polymyositis. Each condition will be presented as a case vignette interrupted at key points of therapeutic intervention. This format will give ample opportunity for both panelists and audience at that point to question, challenge and dispute the matter.

COURSE DIRECTOR: Joseph J. Weiss, MD, Private Practice, Livonia; Michigan Rheumatism Society

■ Effects of Traumatic Family Situations on Children

This course, for those who care for families, children and parents, will comprise a broad overview of the effects of certain traumatic family situations upon chil-

Continued on next page

Bauer

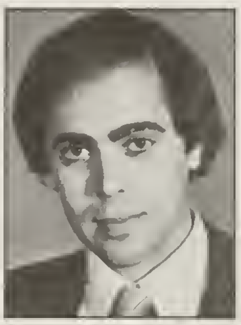
Bhatia

Bryant

Chandler

Bitterman

Bogdasarian


Ciullo

Colman

dren in various age groups. Half-hour presentations on the effects of divorce and custody, parental death, adoption and some forms of child abuse will describe general principles for recognizing the potentially traumatic nature of these situations. Consultation, referral and treatment considerations also will be presented and there will be time for discussion, questions and case presentations.

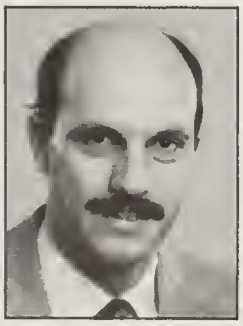
COURSE DIRECTOR: Michael D. Colman, MD, Birmingham

■ Infectious Diseases Update

This course for primary care physicians will review Chlamydia infections, anaerobic infections, AIDS and newer antibiotics. Common associated medical problems encountered in the office and hospital settings emphasizing manifestations of infection, their diagnosis and management will be discussed.

COURSE DIRECTOR: Barrett Sugarman, MD, East Lansing

Dean


Deeb

Harrison

Hoff

■ Managing Chronic and/or Intractable Head and Face Pain

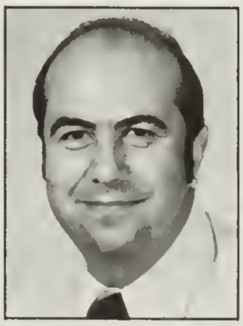
This advanced course is designed for primary physicians and specialists who wish an updated review of current management techniques for chronic and intractable head and face pain disorders. Through case examples and presentation, current diagnostic, treatment, and supportive techniques will be reviewed. Treatment regimens will be described in detail and management techniques for acute pain will be considered. Criteria for hospitalizing patients with these conditions will be reviewed.

COURSE DIRECTOR: Joel R. Saper, MD, FACP, Ann Arbor

■ Prevention, Diagnosis and Treatment of Spinal Cord and Head Injuries

This course is designed to provide the primary or consulting physician with the latest information regarding diagnosis and treatment of head and spinal cord injuries. Participants also will learn about a new nationwide program for the prevention of head and spinal cord injuries sponsored by the U.S. Surgeon General. This program will be available for presentation to high school-aged students. An exciting, professionally-made movie from the injury prevention program will be shown in addition to lectures.

COURSE DIRECTOR: William F. Chandler, MD, Ann Arbor


Farah

Finch

Honet

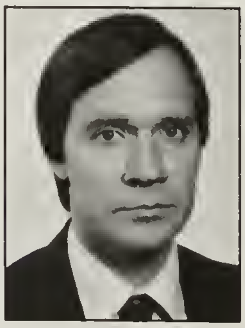
Hunter

■ Thoracic Surgical Problems in General Practice

Case presentations will serve as the format for discussion of the latest methods of evaluating and treating common thoracic problems. The subjects will be of interest to both surgeons and general practitioners and will include discussions on carcinoma of the lung, non-traumatic cardiothoracic emergencies, carcinoma of the esophagus and hiatal hernia. Pre-

Glazer

Gossain


Koniuch

Lepard

sentations will also include newly-developed, multidisciplinary approaches involving chemotherapy, radiation and surgery.

COURSE DIRECTOR: Luis Tomatis, MD, Grand Rapids, President, Michigan Society of Thoracic Surgeons

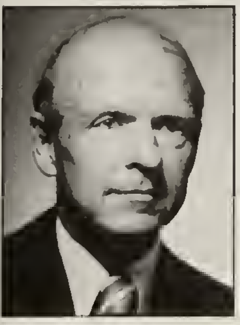
■ Treatment of End-Stage Heart Disease

This course will provide a general approach to the care of patients with end-stage cardiac failure. This course will instruct primary and consulting physicians in the principal diagnosis, management, and prognostic outlook for these patients. Transplantation and artificial hearts will be discussed in detail to help primary and consulting physicians fully understand the course of patients who might be candidates for such procedures and their eventual total, long-term care after the procedures.

COURSE DIRECTOR: G. Michael Deeb, MD, Ann Arbor

Luk

Mauch


Murray

Nepjuk

Tuesday afternoon, Nov. 10

All courses run from 1:30 to 5 p.m. with half-hour break

■ Alzheimer's Disease: Diagnosis and Treatment

PRESENTED BY: MSMS Committee on Aging

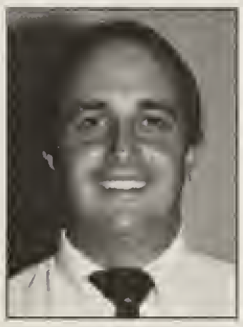
This course, through case reports and discussion groups, will provide the audience with a series of problems often encountered in the management of demented individuals. Problem-solving will be conducted by a geriatric interdisciplinary assessment team and the subjects should be of interest to primary care and consulting physicians. The recommendations from the Governor's Task Force on Alzheimer's Disease and Related Conditions also will be discussed.

COURSE DIRECTOR: James G. O'Brien, MD, Professor and Associate Chairman, Department of Family Practice, Michigan State University College of Human Medicine

McMahon

Migdal

O'Brien

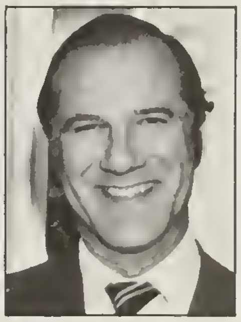

Orr

■ Cardiology and the Older Patient

Speakers will present four important clinical problems facing primary care physicians caring for elderly patients with heart disease: coronary artery disease; heart failure; hypertension and aortic stenosis. Using illustrative cases, the speakers will highlight recent advances in diagnosis, treatment and indications for referral. Following four lectures, there will be a 30-minute discussion period.

COURSE DIRECTOR: Raymond H. Murray, MD, East Lansing

Continued on next page


Morawa

Morrell

Owings

Perry

TUESDAY PM/Continued

Common Orthopaedic Problems in Childhood (Alpha-Omega Part 1)

A presentation of common orthopaedic/pediatric problems will be delivered with specific attention to limp, hip pain, back pain in children and common fractures encountered in a pediatric or general practice situation.

COURSE DIRECTOR: L. Carl Samberg, MD, Royal Oak

Dealing More Effectively With Your Deaf Patients

More than 600,000 persons within the state of Michigan are deaf or hearing-impaired. Clinicians in every field are likely to encounter deaf patients in their practice. Communication problems will affect your ability to deal with these patients and a lack of understanding of their special problems can hinder good medical treatment. This course will dramatically increase your knowledge of deafness and show how to deal more effectively with your deaf patients. The workshop will be given in three presentations, one of which will be delivered by a deaf person. Proper use of a sign language interpreter and a telecommunications device for the deaf will be demonstrated. Ample time will be allowed for discussion and questions. Listing of resources and resource materials will be made available.

COURSE DIRECTOR: Keith Lepard, MD, Detroit

Radiologic Workup of Common Clinical Problems: 1987 and Beyond

This course will provide the primary physician, through a series of one-hour lectures and case presentations, an algorithmic approach to the radiologic work-up of common clinical problems. The focus will be on the sensitivity and specificity of radiologic exams in developing a useful guide to orderly decision-making.

COURSE DIRECTOR: Cynthia A. Nepjuk, MD, Clinical Assistant Professor, Department of Radiology, Wayne State University School of Medicine/Harper-Grace Hospitals

Rehabilitation Medicine: Assessment and Management for the Community Physician

Using a lecture/discussion format, an interdisciplinary faculty will present information on accessing the rehabilitation service system, assessment, and management of major diagnostic categories (spinal cord, head injury, rheumatology, pain, and stroke).

COURSE DIRECTOR: Adel A. El-Magrabi, MD, Instructor, Wayne State University School of Medicine and Staff

Rasmussen

Royer

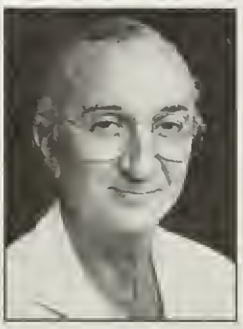
Samberg

Saper

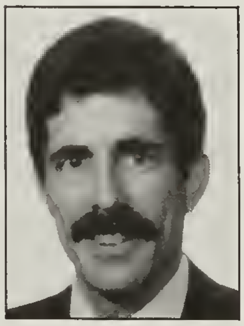
Sherman

Swisher

Tanner


Tomatis

Valdivieso


Victor

Weiss

Wynne

Physiatrist, Rehabilitation Institute, Detroit and **Daniel D. Tomaszewski**, Director of Education, Rehabilitation Institute, Detroit

■ Sinorespiratory Disorders: What's New in the Nose and Throat

This course, through a combination of lecture format and case presentations, will instruct primary and consulting physicians in the current assessment and treatment of patients with a variety of sinus and upper respiratory tract disorders. Specifically addressed will be sinusitis in the pediatric age group, the problem of obstructive sleep apnea in adults, and the otolaryngologist's perspective of the relationship and management of orthodontic and craniofacial growth problems due to nasal and nasopharyngeal obstruction. A brief discussion of the new techniques of endoscopic sinus surgery and the value of this new technique is planned.

COURSE DIRECTOR: **Ronald S. Bogdasarian**, MD, Ann Arbor

■ Suicide: Concepts and Controversies

PRESENTED BY: Michigan Psychiatric Society

This panel will describe, explain, and explore the basic psychology of suicide, suicide equivalents in the practice of medicine, suicide in ages 3 to 12 and ages 13 to 19, and suicide in the medical profession. Current national research findings will be reported. All of the discussion by the panel will be clinically oriented, with practical measures that physicians can apply in their practices. Clinical discussion from the audience will be encouraged.

COURSE DIRECTOR: **Sander J. Breiner**, MD, Birmingham

Wednesday morning, Nov. 11

All courses run from 8:30 to noon with half-hour break

■ Adolescent Health Care: Concepts and Controversies

PRESENTED BY: MSMS Committee on Concerns of Women Physicians

This course is designed for primary physicians, pediatricians, obstetricians, and other subspecialists who have an opportunity to interact with adolescents. While it is impossible to cover all aspects of services to adolescents, this three-part session will address controversial aspects of alternative approaches to three major problems in adolescent health care. The subjects include: parent-adolescent interactions, eating disorders of the adolescent, and adolescent pregnancy and sexuality. Thirty-minute presentations by three experts in adolescent health care will be followed by a panel discussion to allow course registrants active participation with questions and comments.

COURSE DIRECTOR: Natalia M. Tanner, MD, FAAP, Chairman, MSMS Committee on Concerns of Women Physicians, Detroit

■ Anesthesiology: New Agents and Techniques

PRESENTED BY: Department of Anesthesiology, University of Michigan Medical School

This course, utilizing four 45-minute lectures, is designed for anesthesiologists and surgeons. Subjects to be discussed are two new anesthetic adjuvants, a device for rapid blood volume replacement and related problems, and a discussion of decision-making in cardiopulmonary resuscitation. Questions will be accepted at the end of each lecture.

COURSE DIRECTOR: Jay S. Finch, MD, Professor and Interim Chairman, Department of Anesthesiology, The University of Michigan Hospitals

■ Critical Care of the High-Risk Pregnant Woman

This course will discuss the hemodynamic changes which occur with some high risk pregnancies, especially severe preeclampsia, and will give insight into management using massive monitoring. Selective cases will also be presented to clarify the management issues. Time will be reserved for questions and discussion.

COURSE DIRECTOR: **Rupinder Bhatia**, MD, Detroit

■ Drug Interactions: Clinical Relevance

This course will give a clinical overview of important drug interactions in four therapeutic groups including anti-inflammatory therapy, cardiovascular therapy, anti-infective therapy, and psychoactive drugs. Each area will have a 30-minute formal presentation with questions and answers. A 30-minute period at the end of the course will be reserved for further questions in these areas or other questions relating to drug interactions.

COURSE DIRECTOR: **George L. Royer, Jr., MD**, The Upjohn Company, Kalamazoo

Continued on next page

Exercise Physiology and Wellness

This course will provide primary and consulting physicians with answers to some of the common questions asked by their patients concerning fitness, exercise, physiology, and sports medicine. We will provide an update on exercise prescription, and testing including how to prescribe, who should be tested, and how to interpret results. Another presentation will concentrate on the problem of obesity and how to answer questions concerning weight loss. The third presentation will include current concepts of management of osteoporosis and initial management of common office sports medicine problems of the elbow, shoulder, knee, and ankle.

COURSE DIRECTOR: Jerome V. Ciullo, MD, Detroit

Low Back Pain: Treatment Options

Diagnostic principles of low back pain will be reviewed. Treatment options including non-operative and operative approaches will be outlined. Special problems such as worker's compensation will be reviewed and measures to prevent recurrent low back pain will be presented.

COURSE DIRECTOR: Julian T. Hoff, MD, Ann Arbor

Lung Cancer: An Update

This course will provide an overview of the state of the art of therapy for lung cancer, to include discussions of the surgical, radiotherapeutic and medical aspects of the patient's management. In addition, salient aspects of the epidemiologic and biologic characteristics of the disease will be discussed.

COURSE DIRECTOR: Manuel Valdivieso, MD, FACP, FCCP, Detroit

Management of Patients with Acute Diarrhea, Food Poisoning and Anaphylaxis

This course is intended for all physicians who care for patients with acute diarrhea. A practical approach to the patient presenting with acute diarrhea will be provided by way of case presentations, lectures and audience participation. The course will review the recognition of pathophysiology of the common "food poisoning syndromes" and a hand-out of clinical problems and answers will be provided. The last hour will review the emergency treatment of acute and allergic reactions and anaphylaxis, including reactions to medications, radiologic contrast media, and insect stings. A time for questions and discussion will be available each hour.

COURSE DIRECTOR: Robert A. Bitterman, MD, FACEP, Ann Arbor

Management of Wrist and Knee Injuries (Alpha-Omega Part 2)

This course, through a formal didactic slide presentation, will instruct primary and consulting physicians in the correct evaluation and treatment of wrist and knee injuries. This course will provide practical information about these very common injuries. The course also will review basic anatomy, biomechanics and response to wrist and knee injuries. Upon completion of this course, the physician should be able to organize an appropriate treatment plan in order to provide optimal care. Ample time will be reserved for a question and answer period and discussion.

COURSE CO-DIRECTORS: Mark P. Koniuch, MD, and Robert T. Burks, MD, Detroit

Special Problems of Patients with Obstructive Pulmonary Disease

This course is designed for the primary care physician who encounters patients with chronic obstructive pulmonary disease (COPD) and will cover the diagnosis and clinical course of these patients. The combined roles of prevention/smoking cessation, medical therapy and rehabilitation will be discussed and practical examples will be provided. Physicians who attend this course will understand the current therapy of patients with COPD and important supportive aspects of their care.

COURSE DIRECTOR: Samuel M. McMahon, MD, Lansing

Wednesday afternoon, Nov. 11

All courses run from 1:30 to 5 p.m.
with half-hour break

Advances in Dermatology

This course will review many of the recent advances made in dermatology. Our visiting guest speaker will discuss clinical and research efforts in fungal infections and subepidermal blistering diseases. Two of the hottest subjects in dermatology, AIDS and aging skin, also will be discussed. A tremendous amount of information on both of these subjects is focused on the detection, ocutaneous manifestation and treatment of AIDS as well as the pathogenesis and treatment of aging skin. Another presentation will focus on histiocytic disorders of the skin — a spectrum which features continuously expanding new diseases of practical and clinical importance. Some interesting clinical research into the pathogenesis and treatment of vitiligo will be presented and time for questions and answers will be reserved.

COURSE DIRECTOR: James E. Rasmussen, MD, Professor, Department of Dermatology and Department of Pediatrics and Communicable Diseases, University of Michigan Medical School

■ Allergy, Asthma and Urticaria

This course will provide the primary care physician and allergist with an update on the topics of new concepts of aeroallergens, the importance of sinus disease in asthma, and the etiology and management of hives. There will be three 40-minute presentations with a panel discussion.

COURSE DIRECTOR: David W. Hunter, MD, Michigan Allergy Society, Toledo, Ohio

■ Basic Cardiac Life Support

The course will include lectures and practical stations for teaching Basic Cardiac Life Support according to the new American Heart Association guidelines. The practical session will include hands-on teaching of cardiopulmonary resuscitation, obstructed airway in an unconscious and conscious victim, as well as CPR and conscious and unconscious airway obstruction for an infant. A BCLS card or Heart Saver card will be presented upon completion of the course.

COURSE DIRECTOR: Robert K. Orr, Jr., DO, Lansing

■ Clinical Applications of Magnetic Resonance Imaging

This course will provide practical information on clinical applications of magnetic resonance imaging (MRI) which will be helpful to physicians in clinical practice. This is a new and important non-invasive imaging modality which does not require ionizing radiation or contrast agents. It is an extremely sensitive indicator of the presence and extent of disease and has been shown to be particularly valuable in a variety of neurologic conditions. More recently, attention has been turned to its use in a number of other diseases affecting the mediastinum, abdomen, pelvis, musculoskeletal, and cardiovascular systems. The current role of MRI in various clinical situations, comparing it with other diagnostic modalities, will be demonstrated, and indications and contraindications will be discussed. The instructors are radiologic subspecialists who have had extensive experience with magnetic resonance imaging in their respective fields.

COURSE DIRECTOR: Gary M. Glazer, MD, Associate Professor, Department of Radiology, University of Michigan Hospitals

■ Genetics-Prenatal Diagnosis: Evaluation, Counseling, Results

The purpose of this course is to acquaint physicians who give care to obstetrical patients with their responsibilities and the referral process relative to prenatal diagnosis. A discussion of the responsibilities, methods of evaluation, counseling techniques, and results of a genetic-prenatal diagnosis program will be included. Lecture discussions, illustrations, and case presentations will be utilized. Significant time will be reserved for questions from participants during the program.

COURSE DIRECTOR: Eugene W. Mauch, MD, East Lansing

■ Male Sexual Dysfunction: Diagnosis and Treatment

This course will present the latest methods of intracorporal injection therapy for male sexual dysfunction, the new theories of the mechanism of erection in male, the latest in penile prosthesis surgery and an update on the psychological evaluation and various new techniques established for differentiating between organic and psychological dysfunction. Also, some discussion in regards to revascularization will be presented.

COURSE DIRECTOR: Riad N. Farah, MD, Detroit

■ Neurological Problems: Seizures and Autoimmune Disorders

This course, through four 45-minute presentations, including slides and handouts, will instruct primary and consulting physicians with practical applications of diagnostic and therapeutic considerations in the neurological conditions of autoimmune and seizure disorders. Emphasis will be placed on recognition and management of acute and chronic multiple sclerosis, along with an update on current clinical research. Collagen-vascular disease of CNS in relation to lupus, scleroderma and rheumatoid arthritis will be stressed. Diagnosis and management of seizures, seizure complications in medical disorders, as well as the newer imaging and monitoring procedures applicable to convulsive disorders, will be explained.

COURSE DIRECTOR: Raymond B. Bauer, MD, Clinical Professor, Department of Neurology, Wayne State University School of Medicine

Continued on next page

WEDNESDAY PM/Continued

Nutrition: Facts and Fads

This course, through 45-minute lectures and case presentations, will instruct primary and consulting physicians in the application of nutritional principles to the management and prevention of illness. The use of non-pharmacologic modalities in the treatment of hypertension will be discussed. Control of diabetes mellitus, atherosclerosis and bowel disorders by diet, exercise, marine lipids and fiber will be highlighted. A question and answer period will follow each lecture.

COURSE DIRECTOR: George A. Dean, MD, Southfield

Patients With Lipid Disorders: A Practical Approach

The workshop will cover the practical aspects of managing hypercholesterolemia, including the new NIH adult treatment guidelines and their rationale, and will emphasize realistic approaches to dietary counseling and drug treatment. In addition, the UAW-Ford cholesterol screening, referral (to community physicians for diagnosis and appropriate treatment) and follow-up program will be briefly reviewed.

COURSE DIRECTOR: Rex D. Archer, MD, Dearborn

Sexual Abuse in the Prepubertal Child

SPONSORED BY: Department of Pediatrics, University of Michigan Medical School

Physical evaluation of a child to determine if sexual abuse has occurred is increasingly requested by parents, agencies and the courts. However, it is an area of medicine in which most physicians feel uncomfortable and ill prepared. The normal appearance of the female genitalia and normal anatomic variations are poorly described in the literature, particularly for girls before puberty. The purpose of this presentation is to convey practical suggestions for the performance and extent of a sexual abuse evaluation. Description of useful techniques and aids to the examination will be covered. Systematic description of the clinical presentation and appropriate methods for detecting sexually transmitted diseases will be presented.

COURSE DIRECTOR: Clyde L. Owings, MD, PhD, Ann Arbor

Thursday morning, Nov. 12

All courses run from 8:30 to noon with half-hour break

All About AIDS

The course will provide an overview of the AIDS epidemic in Michigan and nationally, including information on AIDS diagnosis, treatment and prevention. Strategies for prevention of AIDS, including education for patients, will be discussed. Infection control procedures for use by physicians and their staffs, in hospitals and other facilities, will also be presented.

COURSE DIRECTOR: Frederick W. Bryant, MD, Royal Oak, Chairman, MSMS AIDS Education Task Force

Basic Cardiac Life Support

The course will include lectures and practical stations for teaching Basic Cardiac Life Support according to the new American Heart Association guidelines. The practical session will include hands-on teaching of cardiopulmonary resuscitation, obstructed airway in an unconscious and conscious victim, as well as CPR and conscious and unconscious airway obstruction for an infant. A BCLS card or Heart Saver card will be presented upon completion of the course.

COURSE DIRECTOR: Robert K. Orr, Jr., DO, Lansing

Controversial Drug Decisions: Issues in Substitution

This course will present an overview and update of drug substitution, both therapeutic and generic. Recent legislative developments are ominous in these areas, particularly from a therapeutic standpoint. Most physicians are not aware of what is going on and how it relates to the future of their practice of medicine. Experts in each of these areas will present a formal discussion. Adequate time will be allowed for questions and a panel discussion.

COURSE DIRECTOR: George L. Royer, Jr., MD, The Upjohn Company, Kalamazoo

Controversies in Cardiology

This course will evaluate areas of current controversy in the management of cardiology patients. The aim of the course will be to synthesize the currently available information on these controversial subjects, and to suggest management strategies to answer the following questions: 1) Which is the best treatment of asymptomatic patients with ventricular arrhythmias? 2) Which patients with acute myocardial infarction should be treated with acute intervention? 3) Is extensive workup of the newly discovered hypertensive necessary? 4) Should coronary arteriography be per-

Continued on page 592

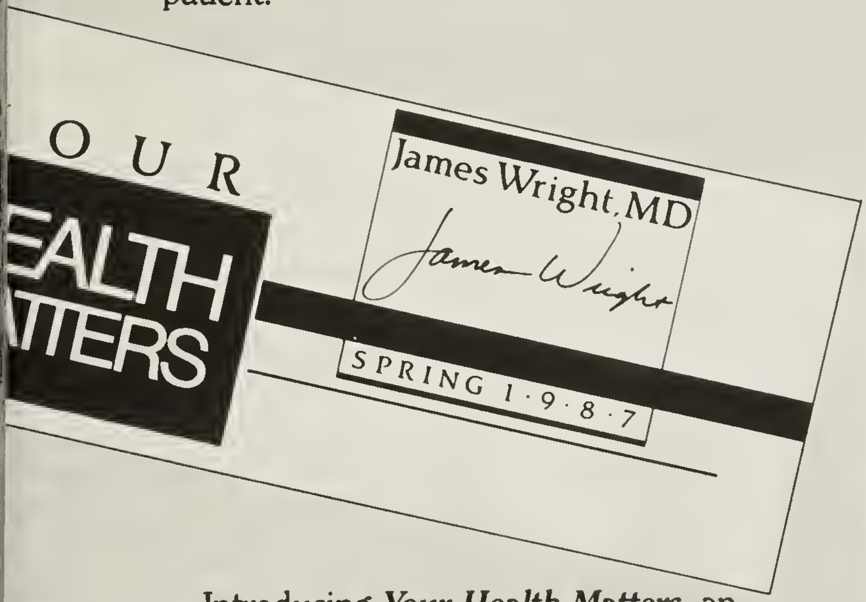
Try this 3-minute exercise for a healthier practice.

Just take three minutes to learn about a new service being offered by your Michigan State Medical Society.

MINUTE ONE:

Read this.

Now there's a way to give your patients timely information on a variety of health-related topics and to communicate your concern for their health. And it will cost you less than the price of a cup of coffee per patient.



Introducing *Your Health Matters,* an interesting, easy-to-read quarterly newsletter, personalized with your signature in the masthead design. Use it as a self-mailer or include in an envelope—say, with your monthly statement. Make them available in your reception area or even use them as a prospecting tool through the Welcome Wagon or a similar community program.

MINUTE TWO:

Consider this.

A year's subscription to *Your Health Matters* is a cost-effective way of maintaining regular, positive communication with your patients. And that can translate into a healthy and growing practice.

Order according to the needs of your practice. (Available in increments of 500)

MINUTE THREE:

Send this.

Indicate the number of subscriptions you will need on the form below. Write your signature—black ink on separate sheet of white paper, please—to use on your personalized masthead, enclose your check, and mail.

Your 3-minute exercise is done.

Please enter my year's subscription for four issues of *Your Health Matters.* To serve my practice, I will need the following number of newsletters each issue:

☐ 500 $ 490
☐ 1000 $ 928
☐ 1500 $1332
☐ 2000 $1712

Enclosed is my check in the amount of $ ______.

Ship to:

Name

Address

City State Zip

Phone Number

Date

Authorized Signature

(Cannot be used for masthead; please submit doctor's signature separately in black ink on white paper.)

SEND TO:
Michigan State Medical Society
Att: Patient Newsletter
P.O. Box 950 East Lansing, MI 48826-0950

formed in asymptomatic patients with a positive stress test?

COURSE DIRECTOR: Joshua Wynne, MD, Detroit

■ Diabetes Update 1987

This course is intended for primary care physicians and will outline the pathophysiology and management of type II diabetes. It also will present methods of intensive insulin therapy for management of type I diabetes and will present rationale of intensive insulin therapy, its advantages and disadvantages. Diagnosis and management of two major complications of diabetes; i.e., neuropathy and nephropathy, also will be discussed. The course format will consist of lecture presentations and sufficient time will be allowed for questions and answers.

COURSE DIRECTOR: Ved V. Gossain, MD, East Lansing

■ Inflammatory Bowel Disease: Medical and Surgical Management

This course will update primary and consulting physicians on the medical and surgical management of idiopathic inflammatory bowel disease. Topics will include pathophysiology and pathological diagnosis, newer salicylate preparations; nutritional support; surgical indications and options; cancer risk and surveillance. Ample time will be provided for questioning the panel of presenters.

COURSE DIRECTOR: Gordon D. Luk, MD, Detroit

■ Leg and Back Pain: Diagnosis and Management

This course, through actual patient presentation and demonstration using video camera enhancement, multidisciplinary panel reaction and discussion, will review and demonstrate the diagnosis, mechanics and treatment of some of the causes of leg and/or back pain and dysfunction. Diseases of the lumbosacral spine, articular structures, tendons and nerves will be discussed. Gait abnormalities and their significance will be presented. Upon completion of the course physicians involved in primary care of adult patients should understand some of the techniques of physical examination of the back and lower extremities, be able to diagnosis some problems which cause leg dysfunction, have some understanding of the mechanics and treatment of these problems and also be aware of the use of electrodiagnostic testing in helping to evaluate and diagnose leg and/or back pain and dysfunction.

COURSE DIRECTOR: Joseph C. Honet, MD, MS, FACP, Detroit

■ New Orthopaedic Trends in the Elderly (Alpha-Omega Part 3)

This course will discuss new orthopaedic areas such as developments in total hip replacement, arthroscopy, and rehabilitative measures used in the elderly patient. It will be geared toward the general practitioner to provide information on what is currently available in the field of orthopaedics for the elderly patient. There will be time for discussion by the audience.

COURSE DIRECTOR: Lawrence G. Morawa, MD, Dearborn

■ The Lakes, Air and Land: Toxic Substances in Michigan

This course will provide the primary physician with the latest information regarding toxic substances in the Michigan environment and related health effects. Half-hour presentations will discuss levels of fish contamination; ground, well, and surface water contamination, and other real or potential contaminations. Resources that are available to assist the physician in reviewing individual patient problems will be identified. Adequate time will be reserved for questions and discussions between faculty and participants.

COURSE DIRECTOR: James T. Harrison, MD, MPH, Michigan Department of Public Health, Lansing

---

Thursday afternoon, Nov. 12

All courses run from 1:30 to 5 p.m. with half-hour break

■ AIDS: The Dilemmas in Testing

The course will provide information on testing programs in Michigan along with recommendations on who should be encouraged to seek AIDS testing. The efficacy of current available tests, and statistical validity of test results will be discussed. Testing of blood donors and transfusion recipients, and issues regarding the blood supply will be covered. Counseling of patients who are HIV positive, and disclosure of test results also will be covered.

COURSE DIRECTOR: Frederick W. Bryant, MD, Royal Oak, Chairman, MSMS Task Force on AIDS Education

■ Critical Care Medicine for the Family Physician

The primary care physician is increasingly confronted with critically ill patients who may require mechanical ventilation, hemodynamic monitoring and

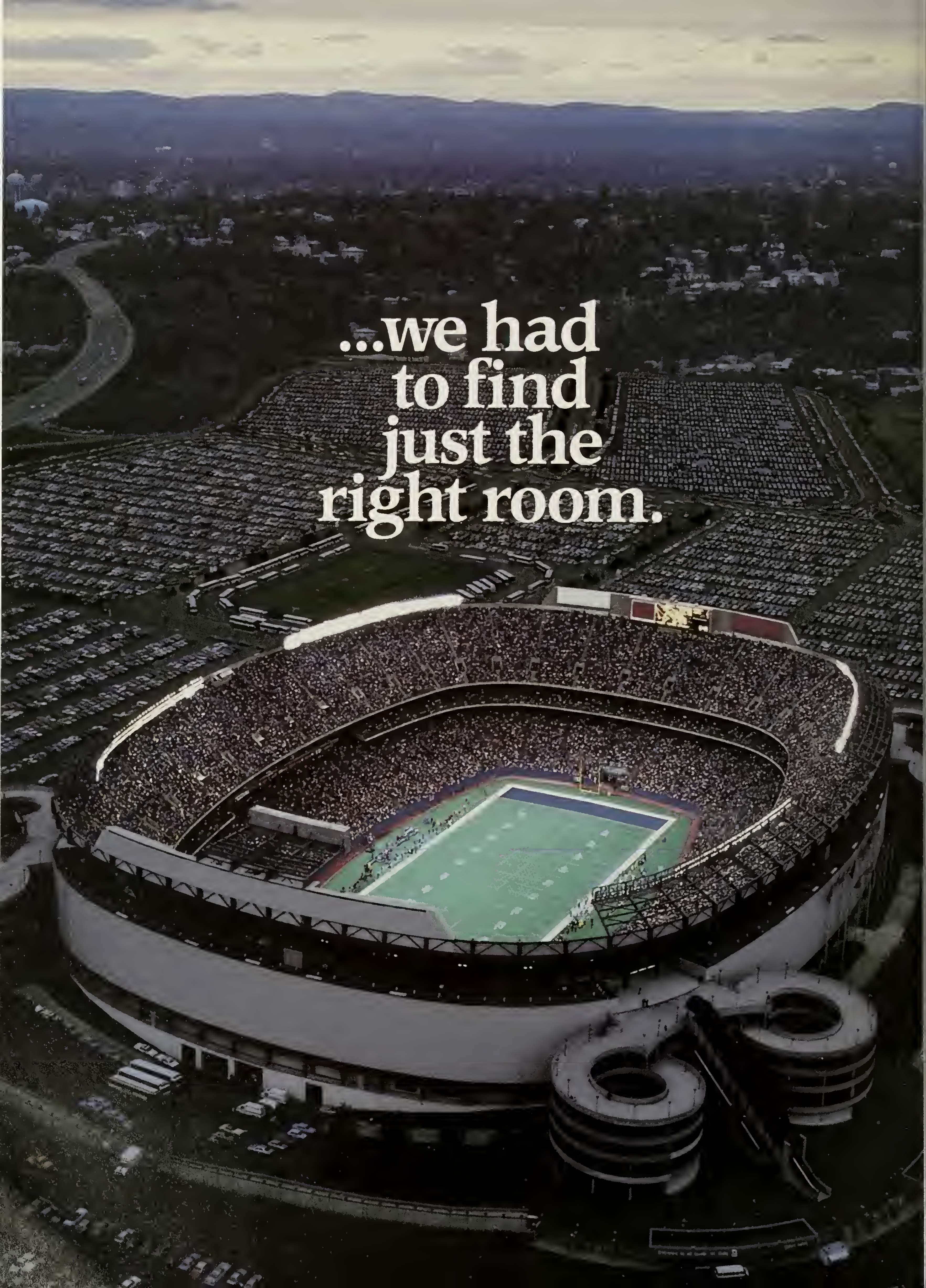
Continued on page 597

To show you how many hypertensives stayed on

INDERAL® LA

(PROPRANOLOL HCl)

after a major nationwide trial...



...we had to find just the right room.

60,073 patients (90%) who started on INDERAL LA stayed on INDERAL LA.[1]*

Surprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.

A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol—which shows how well-tolerated once-daily INDERAL LA can be.

Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl) LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...

NEW LOW DOSE

INDERAL LA 60 mg

(PROPRANOLOL HCl) LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg 80 mg 120 mg and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL, the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60, 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings, however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension, it may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations, and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first-degree block, 3) bronchial asthma 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

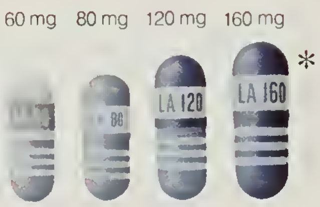
WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES



IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually, if possible)

> IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case, this resulted after an initial dose of 5 mg propranolol

PRECAUTIONS. GENERAL. Propranolol should be used with caution in patients with impaired hepatic or renal function. INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lead to return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe hea disease, elevated serum transaminase alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as rese pine should be closely observed if INDERAL is administered The added catecholamin blocking action may produce an excessive reduction of resting sympathetic nervous activit which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthosta hypotension

Caution should be exercised when patients receiving a beta blocker are administered calcium-channel-blocking drug especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction On rare occasions, the concom tant intravenous use of a beta blocker and verapamil has resulted in serious adverse reaction especially in patients with severe cardiomyopathy, congestive heart failure or recent myoca dial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased plasm levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly wit propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomitant with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination an increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies animals have been conducted to evaluate toxic effects and carcinogenic potential In 1 month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was n evidence of significant drug-induced toxicity There were no drug-related tumorigenic effect at any of the dosage levels Reproductive studies in animals did not show any impairment fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotoxic animal studies at doses about 10 times greater than the maximum recommended human dose

There are no adequate and well-controlled studies in pregnant women INDERAL should b used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exercise when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE. Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarel required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure, intensification of AV block, hypotension; paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of th Raynaud type

Central Nervous System. Light-headedness, mental depression manifested by insomnia lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, visua disturbances; hallucinations, vivid dreams, an acute reversible syndrome characterized b disorientation for time and place, short-term memory loss, emotional lability, slightl clouded sensorium, and decreased performance on neuropsychometrics For immediat formulations, fatigue, lethargy, and vivi dreams appear dose related

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea constipation, mesenteric arterial thrombosis ischemic colitis

Allergic. Pharyngitis and agranulocytosis erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory Bronchospasm.

Hematologic Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune In extremely rare instances, systemic lupus erythematosus has bee reported

Miscellaneous. Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have no been associated with propranolol

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute fo INDERAL. INDERAL LA has different kinetics and produces lower blood levels. Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval.

HYPERTENSION—*Dosage must be individualized.* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 64 mg may be required The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks

ANGINA PECTORIS—*Dosage must be individualized* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optima response is obtained Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established.

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS)

MIGRAINE—*Dosage must be individualized* The initial oral dose is 80 mg INDERAL LA once daily The usual effective dose range is 160-240 mg once daily The dosage may be increased gradually to achieve optimal migraine prophylaxis If a satisfactory response is no obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued It may be advisable to withdraw the drug gradually over a period of severa weeks

HYPERTROPHIC SUBAORTIC STENOSIS—80-160 mg INDERAL LA once daily

PEDIATRIC DOSAGE—At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

---

REFERENCES:

1. INDERAL LA National Compliance Evaluation Program. Data on file, Ayerst Laboratories
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985, 145 1321-1323

1R7119/887

Ayerst®

AYERST LABORATORIES
New York, NY 10017

© 1987 Ayerst Laboratories

critical medical interventions with drugs and fluid resuscitation. This half-day course will provide an overview of some of the more common problems facing the family practitioner in the intensive care unit. The course will be particularly useful for those practitioners in rural hospitals where subspecialists may not be readily available to assist them in diagnosis and management.

COURSE CO-DIRECTORS: Nicholas Lekas, MD, Dearborn, and Lyle D. Victor, MD, Dearborn

■ Geriatric Neurology

The physiological changes in the neurological exam of the aged will be reviewed and relevance of non-neurological conditions will be stressed. Neuropharmacology of aging, the mental status exam, and expected changes in aging will be reviewed. Rehabilitation, social and nursing concerns also will be included with time reserved for questions and answers.

COURSE DIRECTOR: Roger M. Morrell, MD, PhD, East Lansing

■ Indication for Infusion of Blood Components: Changes of the 80s

The awareness of infection transmission by transfusion brought about by the HIV epidemic has changed transfusion practices significantly, even though the risk of transmission of this specific infection by transfusion is rare. In general, indications for the use of blood and blood products have become more conservative. Some of these changes have resulted in improved patient care, but it is important that sound clinical judgement be used in situations where transfusion is needed. This course will review the general principles of transfusion practice in the light of current information about risks and benefits. It also will discuss a number of transfusion practices that persist in spite of evidence that they are not efficacious or safe.

COURSE DIRECTOR: Scott N. Swisher, MD, East Lansing

■ Medical Ethics: Quality of Care, Quality of Ethics — Who Decides?

"Quality of Care" has been a focus of attention, especially in the wake of pressure for cost containment. How is quality to be measured, and what ethical issues come up in this process? How is quality of care to be balanced against cost containment? Are those providing ethical advice to physicians willing to subject themselves to the same sort of quality assessment they sometimes recommend for medicine? The program will include both formal presentation and small group discussion of case examples.

COURSE DIRECTOR: Howard Brody, MD, PhD, East Lansing

■ Medical Surveillance in the Workplace

Medical surveillance of workers — medical screening and biological monitoring — is widely used in industry to detect the presence of disease or the effects of exposure to toxic substances. This course, through lectures, will provide clinical occupational physicians, practitioners in related specialties, and generalists who have an interest in the interactions between workers and the workplace, with an understanding of the epidemiologic basis for medical screening, and of how surveillance programs are conceived and structured. The speakers will reserve time to respond to questions.

COURSE DIRECTOR: Donald J. Sherman, MD, Standard Oil Company, Cleveland, Ohio

■ Nuclear Medicine Studies for the Generalist

This course will provide a general introduction to both primary and consulting physicians in the role of scintigraphy in the evaluation of patients. Five half-hour presentations will cover a wide range of applications from sports medicine and nuclear cardiology, to GI and renal. The course also will include an update on the use of radiolabeled leukocytes in abscess/infection detection. The use of the scan as a scintigraphic map of function, and its application as an important adjunct in diagnosis and during therapeutic maneuvers, will be emphasized.

COURSE CO-DIRECTORS: Darlene Fink-Bennett, MD, VA Medical Center and Milton D. Gross, MD, Nuclear Medicine Service, VA Medical Center, Ann Arbor

■ Physical Expressions of the Depressive Disorder

This panel will describe, explore, and explain the emotional life of the individual as it relates to depression and physical illness, as well as the physical equivalents of depression. How and why certain depressed patients choose certain physical symptoms will be discussed. Some of the areas covered will be G.I. system, sexual dysfunction, diabetes, cardiorespiratory systems, premature deaths, and pain. The clinical presentation will provide practical approaches for the clinician in his office and hospital practice. Ample time will be provided for clinical discussion from the audience.

COURSE DIRECTOR: Sander J. Breiner, MD, Birmingham

Continued on next page

THURSDAY PM/Continued

■ Practical Approach to Acid Base and Fluid and Electrolyte Disorders

This course will provide the primary physician and internist an up-to-date review and practical approach to the diagnosis and treatment of selected clinically important disorders of electrolyte and acid base metabolism, i.e. hyponatremia, hyper- and hypokalemia, and metabolic alkalosis. Four didactic lectures will be followed by discussion of selected cases relating to pertinent aspects of each of these disorders.

COURSE DIRECTOR: Stephen D. Migdal, MD, Detroit

Special Offer! Win free lodging and dinner for two at MSMS Annual Scientific Meeting!

Win complimentary room for two nights and dinner for two at Giulio & Sons by making your Annual Scientific Meeting room reservations *early.*

To be eligible for the **October 14** drawing, simply make your reservation prior to **October 9** with the attached card. Room reservations must be made *direct* with the Hyatt Regency Dearborn by mailing the enclosed room reservation card to: Hyatt Regency Dearborn; Reservations Office; Fairlane Town Center; Dearborn, MI 48126. (Telephone number is 313/593-1234.) Indicate that you are attending the MSMS Annual Scientific Meeting to take advantage of the convention rate. Remember. . . After **October 14**, rooms are on an availability basis only!

Plan to visit these firms' exhibits

There are 70 reasons why MSMS members will want to visit the exhibit hall during the MSMS Annual Scientific Meeting November 10-12 at the Hyatt Regency Dearborn.

The trained professional representatives of 70 firms will be awaiting the opportunity to discuss the details of their products and services in a relaxed atmosphere.

The exhibit hall is an important part of the ASM and is the site of registration for all courses and special events.

To help MSMS members plan, exhibitors are listed below by category. Further information is available from Linda Munson at MSMS headquarters.

Pharmaceuticals

Ayerst Laboratories
Becton Dickinson & Co., Clay Adams Division
Boehringer Ingelheim Pharmaceuticals, Inc.
DuPont Pharmaceuticals
Glaxo, Inc.
Hoechst-Roussel Pharmaceuticals, Inc.
Hoffman LaRoche
Janssen Pharmaceutica
Key Pharmaceuticals
Mead Johnson Nutritional Division
Merrell Dow — Lakeside
Princeton Pharmaceutical Products
Reed & Carnrick
Smith Kline & French Laboratories
E.R. Squibb & Sons
Syntex Laboratories
The Upjohn Company
Wyeth Laboratories

Clinical Laboratories

Advance Medical & Research Center, Inc.
Continental Bio-Clinical Laboratory, Inc.
Health Care Clinical Laboratory, Inc.
Perry HealthNet
R.J.L. Systems, Inc.

In-Office Equipment and Support

Brentwood Instruments
Detroit Cellular Telephone Company
Firestone X-Ray Corporation
Smiley-Kay, Inc.

Patient Home Care

Gerber Products Company
Glasrock Home Health Care
Hand Therapy Services, Inc.
Loma Linda Foods
Metro Rehabilitation Services, Inc.
NutraSweet Company
Theracom, Inc.

Computer/Computer Services

Bennethum Computer Systems
Contel Business Systems
Diversitec
Diversitec-Automated Input Services
Medical Billing Service
Professional On-Line Computer, Inc.
Professional Practice Sales
Rollins Medical/Dental Systems
Scientific Data Management

Educational Resources

Encyclopaedia Britannica, U.S.A.
J.B. Lippincott Company
W.B. Sanders Company

Protection

Blue Cross and Blue Shield of Michigan
Blue Cross and Blue Shield of Michigan/Medicare
Comerica, Incorporated
Disability Determination Service
Pension & Profit Sharing Consulting Group
First Heritage Corporation
Michigan Physicians Mutual Liability Company
Physician Service Group, Inc.
Stratton-Cheeseman & Assoc., Inc.
Tri-County Collection Bureau, Inc.

Career

United States Air Force Recruiting Service
U.S. Army Health Professional Support Agency

Other Exhibitors

Michigan Department of Licensing & Regulation
Hack Shoe Company
Hemorrhoid Clinics of America
The Oxford Institute
Rainbow Tree Center, Inc.
St. Joseph Hospital
University of Michigan Medical Center

PHYSICIAN AS ARTIST

Michigan Medicine issued a call this summer for contributions by physicians who exhibit excellence in the arts, as well as in the sciences.

The call was answered by several MSMS members, some of whose works are featured on this and the next page.

Michigan Medicine hopes these contributors' colleagues and fellow artisans enjoy these presentations and will feel inspired to send MSMS examples of their arts.

Contributions should be sent to the Editor, *Michigan Medicine*, PO Box 950, East Lansing, 48826-0950.

Intensive care

By Alexander Blain III, MD

if multiple heart attacks
leave only scar tissue to
pump my life

if, comatose in your intensive
care unit, my ECG registers
depressed T waves

if flat lines of cardiac arrest
brought to beats only with shocks,
tubes in me everywhere

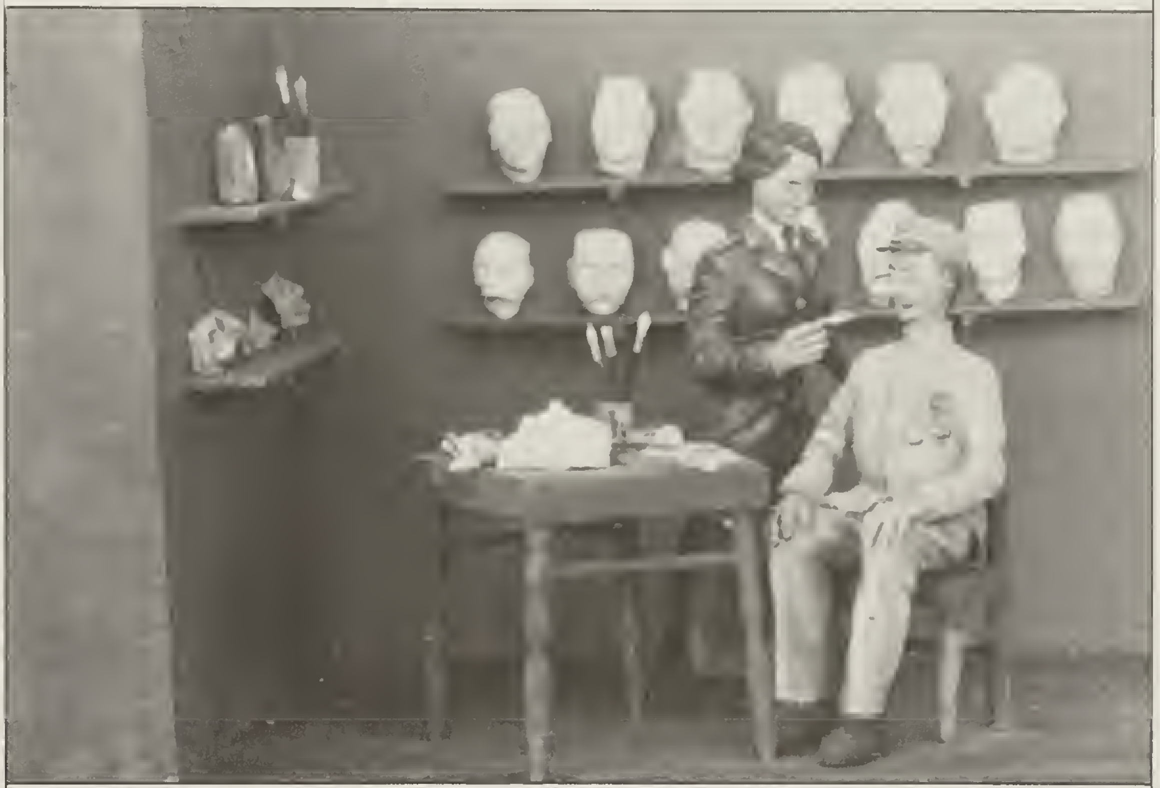
if only a respirator breathes
for me, only a pacemaker
beats for me

if you remember my age,
survivors, finances, my well-spent
life, I.V. fluids in my veins

if you remember your
Hippocratic oath, spy the
gathering vultures from law
school

pull the plug

Alexander Blain III, MD, is a Detroit surgeon. The following poems are taken from his collection, *Clackshant*, named for the ancestral farm on the shore of Luce Bay Solway Firth.



"The Studio of Ann Coleman Ladd"

Sterling Heights physician Roy S. Goodman, MD, sculpted the above miniature scene from the studio of facial prosthetics pioneer Ann Coleman Ladd. "These days I find my artistic expression through sculpting and painting small figures, usually of military subjects," writes Doctor Goodman. The subject of his work above, an American sculptor, was awarded the Legion of Honor for her work in Paris in 1917 to form masks for World War I veterans who had suffered facial injuries. Some of her techniques, modified to take advantage of modern synthetics, still are in use today.

Kirtland's Warblers

By Alexander Blain III, MD

The jack pines are too thick,
too green where untouched by
fire. Have I prayed too
hard for rain?

The pines are so thick you
can't see stars. Oh, I know where
the Big Dipper is, the great bear;
but what about Orion's belt,
Scorpio?

We have candles tonight
to carry, looking for nests.

The pines are damp,
they drip with dew.

There are no fires to reveal
any map. You sleep; dream
warblers.
When you awake
you are not sure of your age.

Later you remember your age.
Come to my west fence.
Only the sun sets there.
Oil the chain saws,
thin the jack pines.

"The Purist" — A short story

By Victor Bloom, MD

I strode across the street to tell the sweaty, bare-chested, mustachioed young man, sporting a red bandana, to turn off his goddamn ghetto blaster. This was not the ghetto, but an exclusive suburb. I had worked fifty years to live in a neighborhood and I prized peace and quiet above nearly all things. He was digging a hole for a large tree, part of an extensive landscaping project my neighbor across the street was undertaking, in competition with me. My lawn had been landscaped the month before, and my workmen had been more professional than this man. They worked in relative silence, respecting the neighborhood.

The day before I had called the Park Police, complaining that this man was disturbing my peace. I watched at the window as the uniformed officer stepped out of his patrol car and approached the digger whose radio was blasting some blasted rock music, the simple-minded 'boom-boom' reverberating down the tree-lined street of fine homes. In a few seconds' time a few words were exchanged and the awful music was turned down. It was now quiet. There had been no argument, the exchange was apparently very civil. Five minutes after the patrol car left, the radio was turned up again, louder than before. The man kept on with his work, never even looking up. Didn't he wonder who was calling the police? I thought he was one cool character.

The police returned three times in the next few days in response to my exasperated calls. Each time I related that I was a tax-paying citizen and that this workman was disturbing my peace. Each time the police came, a few words were exchanged, the radio was turned down and the police car sped away, probably on calls of greater importance. And each time, after a few minutes, the radio was turned up again to that awful sound. Nobody else seemed to mind or pay attention. Most of the rest of the neighborhood were away. I was the only one left on the block. It was between me and him; the police were no help. Perhaps I had to take the law into my own hands. I did not relish the thought of endlessly suffering in impotent silence.

When I got to him he didn't even look up. He had red hair, tied back in a small pony-tail. A throw-back, I thought, a goddamn hippie. "Hey!" I called. He tossed a load of dirt over his left shoulder and looked up at me. I figured he thought that the culprit finally showed up, in person, like a man. He had evidently been waiting for me, patiently. He steadied a pair of deep blue eyes at me, not saying anything, waiting for me to fall into some hole of my own making. I said, "Your radio is making a lot of noise." After a brief pause he said, "It's not noise; it's music, man, rock." "Well, that is a matter of opinion," I said. He replied, "You're right about that."

I told him I didn't want to argue, but there were ordinances against excessive noise, against 'disturbing the peace.' He said, "what peace?" I continued without having heard him. I said I lived across the street and was bothered by the noise. I said that I had worked hard all my life to live in a nice, quiet neighborhood after my childhood in The Bronx and did not appreciate his disturbing my peace. Couldn't he dig a hole in silence?

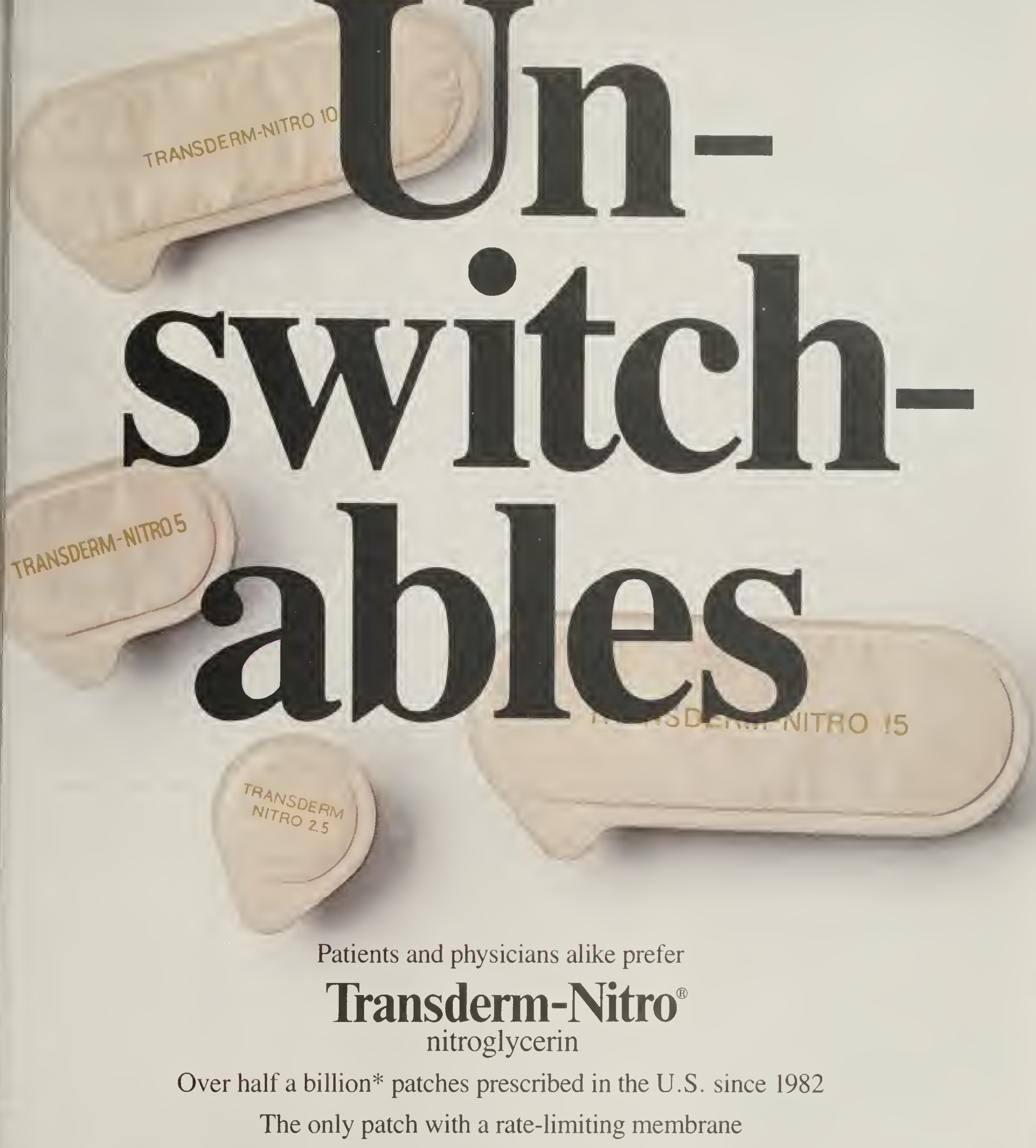
He looked steadily at me again and asked if I was some kind of a purist. "A what?," I asked. "A purist, what are you, some kind of a purist?" I was not prepared for such an answer. I had been prepared to punch him in the mouth and then wrestle him into the hole, getting him in a hammer-lock and making him say "uncle." Saying "uncle" would have been the equivalent of his promising not to turn up the radio again. He was younger, probably stronger and faster, but I was solid, resolute, and in the right. In this case, right would make might.

"A purist, what do you mean by that?" He told me that this was never a quiet street, except maybe fifty years ago. What did I expect? He went on, "I've been working here several days now. I've heard lawn mowers, hedge trimmers and power edgers, I've heard chain-saws and buzz-saws and a tree-shredder, not to mention muscle-cars racing down the street at sixty miles per hour. Where have you been, man? You never had silence, this is no cemetery, this is everyday life! At least I'm bringing in some music as a counterpoint to all this cacophony! Why don't you show some appreciation? I'm not disturbing your peace, man, you're disturbing my peace."

My mouth was open, but no words came out. The man had made a point. I mumbled something, turned on my heel and walked back across the street. I entered my little mansion, found my den and flipped on the stereo. I quickly found Mozart's Clarinet Quintet, placed it on the player, turned the volume up and stretched out on my couch. I closed my eyes and turned my attention to Benny Goodman doing his thing with Mozart. I immersed myself in it, heard no distractions and soon fell fast asleep.

Doctor Bloom is a Grosse Pointe Park psychiatrist.

Un-switch-ables


TRANSDERM-NITRO 10
TRANSDERM-NITRO 5
TRANSDERM-NITRO 15
TRANSDERM NITRO 2.5

Patients and physicians alike prefer

Transderm-Nitro®

nitroglycerin

Over half a billion* patches prescribed in the U.S. since 1982

The only patch with a rate-limiting membrane

Familiar, distinctive tan color and unique shape recognized by patients everywhere

There's no substitute for experience

CIBA

(See Brief Summary of Prescribing Information on the next page.)

*Data on file. CIBA Pharmaceutical Co.

629-7750-A

Transderm-Nitro®

nitroglycerin

Transdermal Therapeutic System

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention and treatment of angina pectoris due to coronary artery disease The conditional approval reflects a determination that the drug may be marketed while further investigation of its effectiveness is undertaken A final evaluation of the effectiveness of the product will be announced by the FDA

CONTRAINDICATIONS
Intolerance of organic nitrate drugs, marked anemia, increased intraocular pressure or increased intracranial pressure.

WARNINGS
In patients with acute myocardial infarction or congestive heart failure, Transderm-Nitro system should be used under careful clinical and or hemodynamic monitoring

In terminating treatment of anginal patients, both the dosage and frequency of application must be gradually reduced over a period of 4 to 6 weeks to prevent sudden withdrawal reactions, which are characteristic of all vasodilators in the nitroglycerin class

Transdermal nitroglycerin systems should be removed before attempting defibrillation or cardioversion because of the potential for altered electrical conductivity which may enhance the possibility of arcing, a phenomenon associated with the use of defibrillators

PRECAUTIONS
Symptoms of hypotension, such as faintness, weakness or dizziness, particularly orthostatic hypotension may be due to overdosage When these symptoms occur, the dosage should be reduced or use of the product discontinued

Transderm-Nitro system is not intended for immediate relief of anginal attacks For this purpose occasional use of the sublingual preparations may be necessary

ADVERSE REACTIONS
Transient headaches are the most common side effect, especially when higher doses of the drug are used These headaches should be treated with mild analgesics while Transderm-Nitro therapy is continued When such headaches are unresponsive to treatment, the nitroglycerin dosage should be reduced or use of the product discontinued

Adverse reactions reported less frequently include hypotension, increased heart rate, faintness, flushing, dizziness, nausea and vomiting These symptoms are attributable to the known pharmacologic effects of nitroglycerin, but may be symptoms of overdosage. When they persist the dose should be reduced or use of the product discontinued In some patients, dermatitis may occur

DOSAGE AND ADMINISTRATION
Therapy should be initiated with application of one Transderm-Nitro 5 system to the desired area of skin Many patients prefer the chest, if hair is likely to interfere with system adhesion or removal, it can be clipped prior to placement of the system. Each system is designed to remain in place for 24 hours, and each successive application should be to a different skin area. Transderm-Nitro system should not be applied to the distal parts of the extremities

The usual dosage is one Transderm-Nitro 5 system every 24 hours Some patients, however, may require the Transderm-Nitro 10 system If a single Transderm-Nitro 5 system fails to provide adequate clinical response, the patient should be instructed to remove it and apply either two Transderm-Nitro 5 systems or one Transderm-Nitro 10 system. More systems may be added as indicated by continued careful monitoring of clinical response The Transderm-Nitro 2.5 system is useful principally for decreasing the dosage gradually, though it may provide adequate therapy for some patients when used alone

The optimal dosage should be selected based upon the clinical response, side effects, and the effects of therapy upon blood pressure The greatest attainable decrease in resting blood pressure that is not associated with clinical symptoms of hypotension especially during orthostasis indicates the optimal dosage. To decrease adverse reactions, the size and/or number of systems should be tailored to the individual patient's needs

Do not store above 86°F (30°C).

PATIENT INSTRUCTIONS FOR APPLICATIONS
A patient leaflet is supplied with the systems

HOW SUPPLIED

Transderm-Nitro System Rated Release *in vivo*	Total Nitroglycerin in System	System Size	Carton Size
2.5 mg/24 hr	12.5 mg	5 cm^2	30 Systems (NDC 0083-2025-26) *100 Systems (NDC 0083-2025-30)
5 mg/24 hr	25 mg	10 cm^2	30 Systems (NDC 0083-2105-26) *100 Systems (NDC 0083-2105-30)
10 mg/24 hr	50 mg	20 cm^2	30 Systems (NDC 0083-2110-26) *100 Systems (NDC 0083-2110-30)
15 mg/24 hr	75 mg	30 cm^2	30 Systems (NDC 0083-2115-26) *100 Systems (NDC 0083-2115-30)

*Hospital Pack 100's

C85-35 (Rev 11/85)

Dist. by:
CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

© 1986, CIBA 629-7750-A CIBA

This publication is available in microform.

University Microfilms

University Microfilms International reproduces this publication in microform: microfiche and 16mm or 35mm film. For information about this publication or any of the more than 13,000 titles we offer, complete and mail the coupon to: University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. Call us toll-free for an immediate response: 800-521-3044. Or call collect in Michigan, Alaska and Hawaii: 313-761-4700.

☐ Please send information about these titles:

Name ____________________

Company/Institution ____________________

Address ____________________

City ____________________

State __________ Zip __________

Phone ( )

University
Microfilms
International

Car rental insurance: figuring the fine print

By John M. Berry

When renting a car, many travelers routinely sign the rental forms without reading the fine print. They shouldn't: The forms contain warnings that a renter should be aware of, and some rules that, if violated, could end up costing thousands of dollars.

Part of the fine print deals with the renter's responsibility if the car is damaged, information you need to decide whether to buy the collision damage waiver offered by the rental company. Other parts of the contract describe the liability insurance provided by the rental company to cover damage to someone else's property or personal injuries and there, too, you have to decide whether to buy more coverage—if you are renting from one of the few companies that will sell it to you.

The time to check these details is not when you get off a train or plane and rush to the rental counter. Before you pick up your car, do your homework.

To make sure you don't buy too much or too little insurance, you should ask your auto insurance agent to detail, in writing, what coverage your policy provides if you rent a car. In many cases, your policy may provide all the protection you need.

You should also question the car rental company, when you make your reservation, about the insurance coverage it offers. Rental contracts differ substantially among the major rental firms.

To make sure you don't buy too much or too little insurance, ask your auto insurance agent to detail what coverage your policy provides

And you should find out if you are eligible to use your employer's corporate account with a car rental firm for vacation travel. Of course you will pay for the rental, but by using the corporate account you may get a better deal on rental car insurance and possibly on the rental itself. Insurance is a very important item in any car rental agreement, but it also confuses many travelers. To make the right choice about what and how much to buy, consider these suggestions:

Collision damage waiver: All of the major car rental companies have now shifted more—and often all—of the responsibility for collision damage to a car to their customers. A vacationer who walks up to the rental counter without a corporate account number normally will be held responsible for any damage up to the full value of the car—which could easily be $10,000 and considerably more for the larger, luxury models.

The rental companies will free the renter of that potential burden if he buys, at a hefty price, a "collision damage waiver.“ (To avoid state regulation of their rates, the companies argue that these waivers are not insurance.) Typically, CDW, as it's called, costs about $9 for each day or portion of a day the car is rented. On luxury cars CDWs are usually $10. They are rarely discounted, even for weekly or longer rentals.

That means that someone buying a CDW for a weekly rental could end up paying $63 for the CDW and perhaps only $97 or less for the car itself. If you turned the car in an hour late, chances are you would pay another $18 or $20, half of it for CDW for a full extra day and about half for the hour's rental.

With the cost of CDWs so high and the potential cost of not having bought one so much higher, a traveler should make sure-in advance of the trip whether buying one makes sense. For most rentals, collision damage waivers are not needed. For a small minority, they could be essential.

The first thing to consider is whether you have collision cov-

Continued on next page

Reprinted with permission from the July issue of *The Washington Post.*

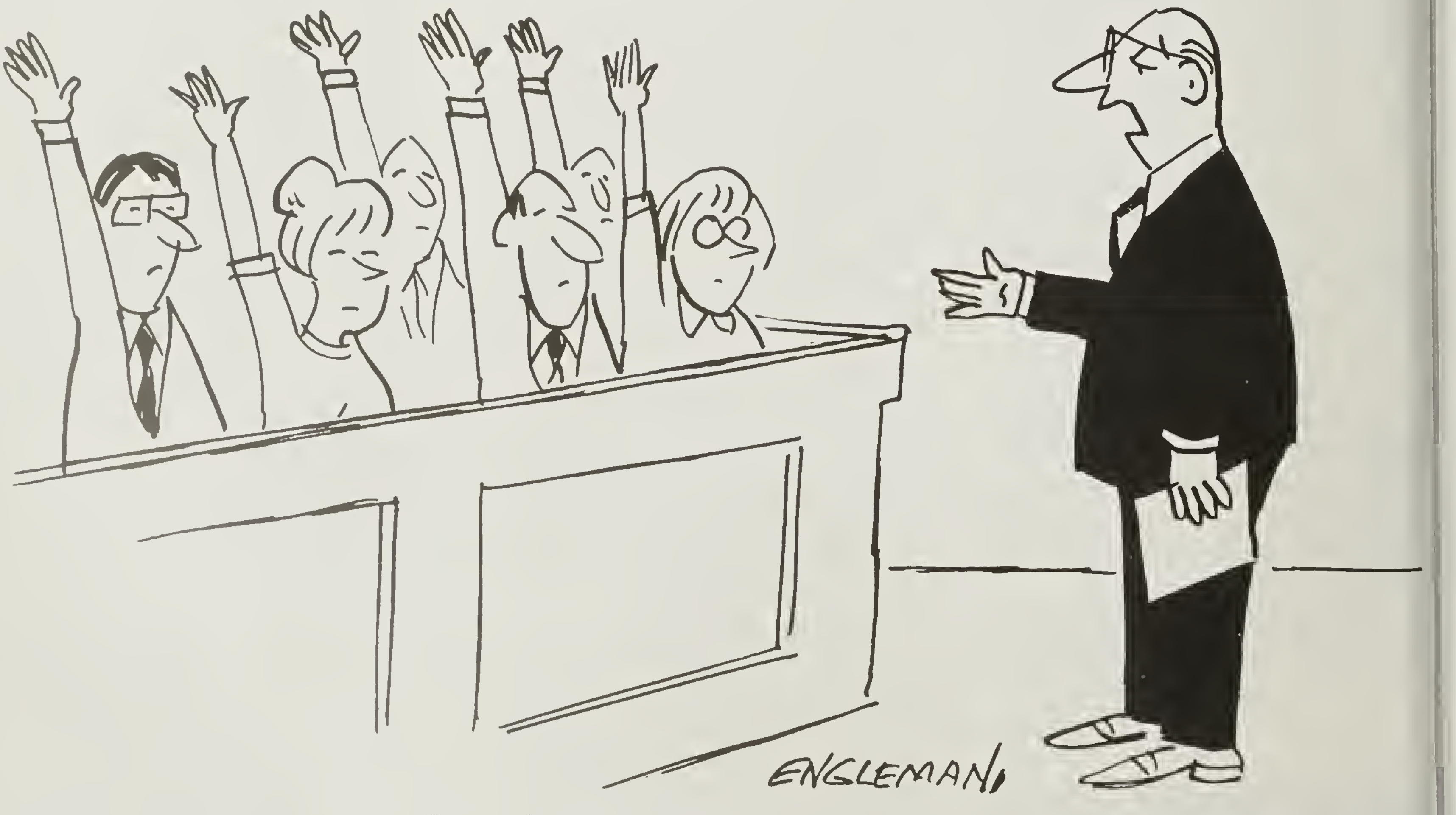
RENTAL/Continued

erage on a car you own. If you do, chances are that the same coverage would apply to a car you rented for personal use.

GEICO Insurance Co., for instance, extends such coverage to a rental car if the rental period is less than a month. If you have collision coverage on more than one car, a GEICO service representative said the company assumes that the rental car, in effect, is replacing the vehicle with the highest amount of coverage.

But other companies might have quite different policies. The only way to be sure is to get in tough with your insurance agent, or the company if you deal with them directly. And you should do it in writing, asking a set of specific questions about your own policy, ranging from "Am I covered at all while driving a rented car?" to "What are the limits on coverage if the rented car is worth more than my own car?" and "Does it apply in cases of hit-and-run or an accident involving an uninsured driver?"

In other words, when you walk up to the rental counter, you should know just what your own insurance will cover and what it will not. With that knowledge, you can make a reasonable assessment of whether a CDW is worth its quite high cost. □



"Has any of you ever served on a malpractice case before?"

III

DIMENSION III

IT'S A HEALTH PLAN. IT COSTS LESS.
BEST OF ALL, IT'S BLUE.

Let's face it. Being in the medical profession means you're in business. And with today's rising costs, anything you can do to lower operating costs is a prudent move.

Here's where Dimension III comes in. With this plan, you and your employees are covered for:

Hospital care. Surgery. Maternity care. Outpatient care. And Psychiatric care.

Yet, because of the way the plan has been designed, you pay less for your premium.

Here's how it works. Each subscriber shares in the cost of covered services. $1,500 for doctors, $3,000 for family plan. $250 for employees, $500 for family plan. Once the deductible is met, Dimension III pays 80% of covered services, the subscriber 20% in copayments. For private duty nursing and mental health care, 50% is required.

After $1,000 has been paid in copayments, Dimension III pays 100% of costs up to one million dollars.

Check into Dimension III today. After all, business is business. And for business, Blue is better. For enrollment and information call 1-800-942-4141.

Blue Cross
Blue Shield
of Michigan

Blue is better.

The amphetamine blues

By Thomas J. DeKornfeld, MD

On March 20, 1985 the Michigan Board of Medicine promulgated an amendment to the 1981 rules on amphetamines. These rules, now in effect, have been viewed by their proponents as a major step in the control of poor medical practice and of a specific form of substance abuse. Their opponents have viewed them as just another example of bureaucratic meddling and governmental interference. Now that the rules have been in place for more than three years, it is timely to look at the facts.

First, let's briefly review the rules themselves, then let's see how many physicians and patients were affected by them and what some of the administrative problems have been. Lastly, lets look at the broader picture of amphetamine use in Michigan and at the changes which have occurred during the past three years.

Now that the rules have been in place for more than three years, it is timely to look at the facts

The current amphetamine rules, known as R 338.2303 and titled: "Standards of practice regarding sympathomimeticamine drugs, including amphetamines" essentially state that this group of drugs has few legitimate medical uses, a substantial range of undesirable side effects and a very considerable abuse potential. For this reason the Board has banned the use of all amphetamines except dextro-amphetamine (Dexedrine) and limited the use of this substance to patients with narcolepsy and to children with hyperkinetic problems. In both instances a complete history and physical exam was required in addition to other appropriate studies necessary to make the diagnosis. In the case of narcolepsy a written concurrance of another physician is also required.

The Board does recognize, however, that medical practice is a dynamic process and that new therapeutic approaches and situations may arise. Thus physicians may apply for a waiver from the amphetamine restrictions under the exemption clause for "innovative" use, if in their medical judgement the patient's well-being requires the use of an amphetamine and if there is no other reasonable therapeutic approach.

Requesting a waiver

The methodology of obtaining a waiver is really quite simple. The physician who wishes to prescribe an amphetamine calls or writes to the Board and requests a waiver application form. The proper form will be sent and as soon as it is returned, properly and fully completed a waiver will be issued within a day or two. In general we have had very few problems with the process. The most common causes for delays are partially completed forms or forms missing the required second opinion for cases involving narcolepsy.

Since March, 1985 a total of 330 amphetamine waivers have been granted to 221 physicians. The very large majority of these waivers involved patients with narcolepsy. Only about 30 waivers have been issued for hyperkinetic children or adolescents. Only a few have been issued for all other possible indications combined and not one for use in obesity.

Prior to 1985 only 58 waivers were granted and the physicians who had been the holders of these waivers were asked to renew their application, since under the 1985 rules this was required. The renewed waivers and all waivers granted under the 1985 rules remain in effect indefinitely, as long as the physicians to whom

Continued on page 608

Doctor DeKornfeld is administrator, Michigan Board of Medicine.

How More Than 2000 Doctors Have Eased The Pain Of Managing A Practice.

If your practice is like a lot of others, you often spend more time on office problems than on the health problems of your patients.

Our one easy-to-use, fully-integrated computer system can take care of billing, provide financial updates, help you market your practice. And give you more time to do what you went to medical school for.

"Medic continues to be the best system for our clients."
Thomas Booth, president of The PM Group, Battle Creek, Michigan

When this nationally-recognized medical consulting firm recommends a product to their clients, you know it's been carefully scrutinized. After reviewing over 60 medical systems, The PM Group judged our system to be the best. And the one that offers the best support and service.

"It's helped our cash flow tremendously."
Mike Griga, general manager of Mayfield Neurological Institute, Cincinnati, Ohio

Changing the billing system from once a month to once a week is just one way Medic has improved the bottom line of the nation's largest neurosurgery group. Our system can ease the process of sending statements and reduce the number of uncollected bills. Plus, our easy-to-understand printouts help you keep better track of your financial condition.

"When lightning knocked out our system, Medic worked through the night to get it up and running quickly."
Doug Speak, assistant administrator of Suncoast Medical Clinic, St. Petersburg, Florida

We'll do whatever it takes to keep your system working. Day or night. We have a toll-free STAT line to handle questions and problems. And there's a STAT PLUS line from our support center to your system for software updates and diagnoses.

So if you're looking to increase the efficiency, productivity and profitability of your practice, take a look at the Medic Computer System.

Over 2000 physicians in more than 600 practices throughout the U.S. are calling it a minor medical miracle.

m medic
computer systems

6601 Six Forks Road, Suite 150
Raleigh, North Carolina 27609

Telephone toll-free: 1-800-334-8534
North Carolina: 919-847-8102

Other offices: Cincinnati, Ann Arbor
Orlando, Pittsburgh, Richmond

Please tell me how Medic Computer Systems can help my practice.

Name ____________________

Address ____________________

City ____________________

State __________ Zip __________

Phone (   ) ____________________

Number of physicians in practice ____________________

Specialty ____________________

Medic Computer Systems
6601 Six Forks Rd., Suite 150
Raleigh, North Carolina 27609

AMPHETAMINE/Continued

they were granted to take care of the patients. The waivers are specific, however, to both the physician and the patient. If the patient/doctor relationship under which the waiver was granted is changed in any way, a new waiver must be applied for. In other words, a waiver is not transferrable from physician to physician or from patient to patient.

We receive a fair number of requests for a Ritalin waiver. There is no such thing since Ritalin does not fall under the amphetamine rules. Any licensed physician who holds a controlled substance license may prescribe Ritalin to any patient, if in his/her medical judgement such therapy is indicated.

Useful rules?

Let us take a look now and see whether the 1985 amphetamine rules had accomplished the purpose for which they were promulgated.

In 1983 Michigan had the very dubious distinction of ranking first in the United States for the per capita consumption of metamphetamine (Desoxyn), phenmetrazine (Preludin) and methylphenidate (Ritalin).

In 1986 this disgraceful ranking dropped to 51st for metamphetamine, 48th for phenmetrazine and did not appreciably change for methylphenidate.

To put this into a somewhat different perspective, between

Continued on page 610

High Technology, Biomedical Invention, and the Medical Marketplace

AMERICAN MEDICAL WRITERS ASSOCIATION

Presented by the American Medical Writers Association, Michigan Chapter

Dinner Meeting featuring:

ANANIAS C. DIOKNO, M.D., Chief of Urology, Beaumont Hospital, Royal Oak and Head of their lithotripter program

ROGER FENTON, D.O., Radiologist in Southfield, who has built and now runs his own magnetic resonance imaging center

Date: October 6, 1987
Place: Weber's Inn, 3050 Jackson Road, Ann Arbor
Time: 5:45–8:00 p.m.

For information contact: Linda Benson (313) 761-5006 or Donna Raphael (313) 549-4829

Confidence: Saying yes to:

- Staying in Michigan.
- Insuring with Michigan Physicians Mutual Liability Company (MPMLC).
- Getting early-year "claims-made" premium savings.
- Keeping the coverage at least seven years.
- Retiring at age 60 (or older) and getting free "tail" protection.

For "claims-made" or occurrence coverage, please contact:

Michigan Physicians
mutual liability company

Underwriting Department: (517) 351-1150
1-800-292-1926

Marketing Department: (313) 647-5550

AMPHETAMINE/Continued

1983 and 1986 there was a 99 percent reduction in the consumption of both phenmetrazine and metamphetamine. There was also a 75 percent reduction in the use of dextroamphetamine.

While we must guard rigorously against the "post hoc, propter hoc" reasoning, these figures are most impressive indeed and gain increased validity from the fact that Ritalin, which was not regulated, did not undergo any appreciable change in utilization over the same time period.

It would appear then, that at the cost of relatively minor inconvenience to one percent of the practicing physicians and very much less than one percent of the population, the level of medical care has improved dramatically, as far as amphetamine utilization is concerned. The people of Michigan were well served by these rules and the Michigan Board of Medicine has well lived up to its statutory obligation of protecting the health, welfare and safety of the people of these two beautiful peninsulae. ☐

— Laboratory of Clinical Medicine —

Diagnostic Laboratory Specialists

517-372-8180 • 800-292-4543

- Reliable Laboratory Testing
- Accredited by College of American Pathologists
- 20 year tradition of quality
- House calls and true 'STAT' service
- Computerized reports and billing

Professional Staff
Director
W.E. Maldonado, M.D.
Pathologists
J.J. Gillespie, M.D.
R.N. Horowitz, M.D.
R.H. Knapp, M.D.
J.G. Lyday, M.D.
L.R. Simson, Jr., M.D.
S.P. Pradhan, M.D.
R. Tyler, M.D.
Ph.D. Clinical Scientists
J.W. Dyke, Ph.D.
K.W. Dobra, Ph.D.
J.R. Kateley, Ph.D.
J.R. Melvin, Ph.D.
M.K. Oaks, Ph.D.
R.B. Foy, Ph.D.
S.E. Stuart, Ph.D.
M.C. Wimmer, Ph.D.

Corporate Office
6433 S. Pennsylvania Ave.
Suite 300
Lansing, MI 48911

LABORATORY OF CLINICAL MEDICINE
MID-MICHIGAN REFERENCE LABORATORY, II, INC.

Laboratory Services
Chemistry
Hematology
Toxicology
Microbiology
Virology
Immunology
Blood Banking
Transplantation
Endocrinology
Infertility
Surgical Pathology
Dermatopathology
Electron Microscopy
Flow Cytometry
Cytogenetics
Cytology

Lansing Locations:

- *930 E. Mt. Hope*
- *625 S. Waverly*
- *1322 E. Michigan #102*
- *2909 E. Grand River #104*

Emergency Call System (ECS) Medical Alert
Deco-Phone
Voice-A-Matic 100
Servox Electro Larynx
W6T-K-M Amplified Receiver Handset* *Registered trademark of Walker Equipment Corp
SpeechAid* *Registered trademark of Intex Micro Systems Corp.
Feature Phone V* *Registered trademark of TeleConcepts, Inc.
Superprint 400 (TDD)
LOVE TO . THANKS

We can make it easier for your handicapped patients to use the phone.

If you have patients with special communications needs, have them visit one of Michigan Bell's Telecommunications Quality Centers for the Handicapped. They'll find plenty of state-of-the-art communications products, ranging from large button telephones like Deco-Phone for those with sight or dexterity loss to Electro Larynxes and Telecommunications Devices for the Deaf (TDD), such as the Superprint 400. And, of course, they'll find a trained staff that's ready to help make using the phone as simple and easy as possible.

For more information, call or visit one of our Centers. Each is open Monday through Friday from 8:30 a.m. to 5:00 p.m.

Telecommunications
Quality Center
for the Handicapped

26200 Greenfield
Suite 43
Oak Park, MI 48237
1 800 482-3141 (TDD)
1 800 482-8254 (Voice)

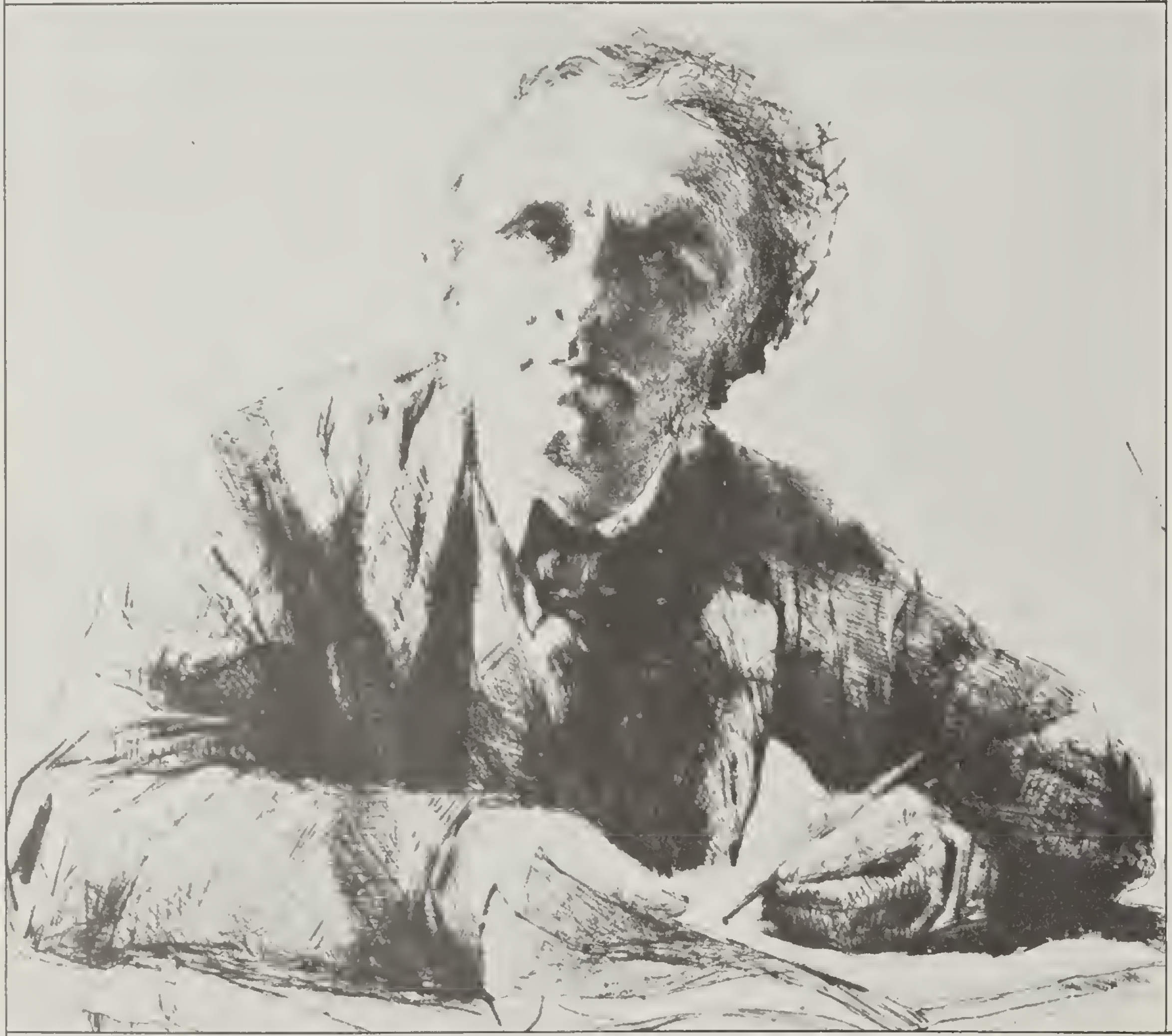
1365 Cass Ave.
Room 102
Detroit, MI 48226
(313) 223-8732
(Voice/TDD)

221 N. Washington
Lansing, MI 48933
1 800 525-7134
(Voice/TDD)

114 North Division
Grand Rapids, MI 49503
1 800 525-9628
(Voice/TDD)

Michigan Bell
AN AMERITECH COMPANY
Helping you communicate℠

The physician as artist: a call for entries



Sir Francis Seymour Haden (self-portrait). Original etching, self-portrait by Sir Francis Seymour Haden (English, 1818-1910), made at London in 1862. Haden, a distinguished surgeon of the Victorian era, achieved international renown as an etcher and landscape artist. He was founder and president of the Royal Society of Painter-Etchers and Engravers. In a lecture he summed up eloquently the benefits of art training for the medical profession: "How much sooner would the eye — accustomed to observe and estimate closely the differences of color, aspect, weight, and symmetry — learn to gauge their aberrations as the signs which make up the *facies* of the disease; how much better the hand, trained to portray them accurately, be able to direct with precision and safety the course of the knife!"

The marvelous human machine is capable of creating moments, vision, thoughts that transcend its physical properties. Humans' abilities for creating, for enjoying beauty and for inspiring it are the essence of the life physicians strive to further and to protect.

Many physicians themselves exhibit excellence in the arts as well as in the sciences. It is this bent toward the arts that *Michigan Medicine* seeks to explore through a new regular feature.

Are you a poet? A writer of prose? A composer or performer of music? A dancer? A sculptor, painter or weaver? A photographer?

If so, we invite you to contribute your best works for publication in *Michigan Medicine*. If your creativity is expressed in media which need to be heard or otherwise personally experienced please describe them or send us photographs of your activities.

Michigan Medicine is publishing the best of the contributions, beginning this month, in a new section of the magazine. (See pages 599-600.)

Please send your contribution to *Michigan Medicine*, PO Box 950, East Lansing, MI 48826-0950. *Michigan Medicine* does not guarantee return of works, but will strive where possible to return them in their original form.

The human body is an instrument for the production of art in the life of the human soul.

Adventures of Ideas, Chapter 18, Alfred North Whitehead.

The benefit of antianginal protection plus safety...

CARDIZEM®: A FULLER LIFE

diltiazem HCl/Marion

90 mg GREATER DOSAGE FLEXIBILITY NEW 120 mg

- **A remarkable safety profile[1-6]**
  The low incidence of side effects with Cardizem allows patients to feel better.
- **Protection against angina attacks[1,5,7-9]**
  The predictable efficacy of Cardizem in stable exertional and vasospastic angina allows patients to do more.*
- **A decrease in myocardial oxygen demand**
  Resulting from a lowered heart rate-blood pressure product.[5]
- **Compatible with other antianginals[6]†**
- **Safe in angina with coexisting hypertension, COPD, asthma, or PVD[1,3,5,6]**

**CARDIZEM® (diltiazem HCl) is indicated in the treatment of angina pectoris due to coronary artery spasm and in the management of chronic stable angina (classic effort-associated angina) in patients who cannot tolerate therapy with beta-blockers and/or nitrates or who remain symptomatic despite adequate doses of these agents*

†See Warnings and Precautions.

Please see brief summary of prescribing information on the next page.

CARDIZEM® diltiazem HCl/Marion ANTIANGINAL PROTECTION PLUS SAFETY

Usual maintenance dosage range: 180-360 mg/day

℞
Cardizem®
(diltiazem HCl)

☐ 60 mg ☐ 90 mg
☐ 120 mg

Sig: tid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg, 60 mg, 90 mg, and 120 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** *CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.*
2. **Congestive Heart Failure.** *Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).*
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** *Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.*
4. **Acute Hepatic Injury.** *In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)*

PRECAUTIONS

General. *CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.*

Drug Interaction. *Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)*

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. *A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.*

Pregnancy. *Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.*

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. *Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.*

Pediatric Use. *Safety and effectiveness in children have not been established.*

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	*Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.*
Nervous System:	*Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.*
Gastrointestinal:	*Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.*
Dermatologic:	*Petechiae, pruritus, photosensitivity, urticaria.*
Other:	*Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.*

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 9/86

See complete Professional Use Information before prescribing.

References: 1. Schroeder JS: Mod Med 1982;50(Sept):94-116. **2.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3.** O'Rourke RA: Am J Cardiol 1985;56:34H-40H. **4.** McCall D, Walsh RA, Frohlich ED, et al: Curr Probl Cardiol 1985;10(8):6-80. **5.** Frishman WH, Charlap S, Goldberger J, et al: Am J Cardiol 1985;56:41H-46H. **6.** Shapiro W: Consultant 1984;24(Dec):150-159. **7.** O'Hara MJ, Khurmi NS, Bowles MJ, et al: Am J Cardiol 1984;54:477-481. **8.** Strauss WE, McIntyre KM, Parisi AF, et al: Am J Cardiol 1982;49:560-566. **9.** Feldman RL, Pepine CJ, Whittle J, et al: Am J Cardiol 1982;49:554-559.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION
LABORATORIES, INC.
KANSAS CITY, MO 64137

0034M7

Board of Medicine actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: Steven A. Bendix, MD
Action, Date taken: Limited License, March 19, 1987
Reason: Drug diversion/personal use

Name: Kenneth S. Berneis, MD
Action, Date taken: Limited License, April 19, 1987
Reason: Violation of general duty

Name: Edith J. Lee, MD
Action, Date taken: Summarily suspended Controlled Substance License, May 13, 1987
Reason: DEA revoked Lee's registration due to Respondent had written large numbers of fraudulent prescriptions and was utilizing her DEA registration to facilitate large scale diversion of controlled substances.

Name: Michael Alva Marshall, MD
Action, Date taken: License revoked, May 1, 1987
Reason: Criminal conviction

Name: Najdat I. Pasha, MD
Action, Date taken: Suspended six months and one day, March 19, 1987
Reason: Unprofessional conduct

Emergency Medicine/Critical Care
Macomb Hospital Center

Six distinguished authorities present the latest information on a variety of topics related to emergency medicine/critical care in a special one-day symposium.

PROGRAM TOPICS ARE:

- **Acute Renal Failure**
  Steve Migdal, MD, Associate Professor of Medicine, Wayne State University, Co-Director Nephrology Division, Hutzel Hospital, Detroit, MI
- **Acute Respiratory Failure**
  John Weg, MD, Professor of Internal Medicine, University Medical Center, Ann Arbor, MI
- **Hemodynamic Monitoring in the Critically Ill**
  Arnold Aberman, MD, Professor of Medicine, University of Toronto, Director of Intensive Care Unit, Mt. Sinai Hospital, Toronto, Ontario, Canada
- **DKA Treatment Update**
  Fred Whitehouse, MD, Metabolic Diseases Division Head, Henry Ford Hospital, Detroit, MI
- **Status Epilepticus Update**
  Antonio V. Delgado-Escueta, MD, Professor of Neurology, UCLA, Director of Comprehensive Epilepsy Program, VA Southwest Regional Epilepsy Center, VA Wadsworth Medical Center, Los Angeles, CA
- **Medicolegal Aspects of Acute Illness**
  J.P. O'Leary, J.D., Partner, Plunkett, Cooney, Rutt, Watters, Stanczyk & Pedersen, Immediate Past President, Detroit Bar, Detroit, MI

When: Saturday, October 24, 1987
8:00 a.m. to 3:15 p.m.

Registration:
Advance Registration

Physicians - full day	$75.00
Physicians - morning only (with lunch)	$50.00
Physicians - afternoon (no lunch)	$25.00
Physicians-in-Training	$25.00
Allied Health Professionals	$25.00
Registration at the Door	$80.00

6 hours of Category 1 Credit 6.5 hours of Category 2-D Credit

Where: Macomb Hospital Center
11800 E. 12 Mile Road, Warren, MI

For Advanced Registration:
Send check payable to Detroit-Macomb Hospital Corporation Annual Seminar Fund to:
Detroit-Macomb Hospital Corporation
7815 East Jefferson Avenue
Detroit, Michigan 48214

Or Call: (313) 499-4915 to charge registration fee to your Visa or Mastercard, or for more information.

MSMS gathers medical practice figures

The MSMS Section on Medical Economics has its own handy "blue book" of statistics, tables and other pertinent figures on the practice of medicine. The book is a reference source which the Section updates frequently. Some examples of blue book entries are reprinted on the next few pages to aid MSMS members and to let them know the types of information available from the Section at headquarters. For further details, contact Tom White at MSMS, PO Box 950, East Lansing, 48826-0950.

TOTAL ADMISSIONS
1980-1984
(in millions)

AREA	1980	1981	1982	1983	1984
MICHIGAN	1.45	1.43	1.40	1.38	1.32
EAST NORTH CENTRAL	6.90	6.89	6.77	6.69	6.45
UNITED STATES	36.14	36.44	36.38	36.15	35.15

Source: Michigan Hospitals Association
Produced by: Michigan State Medical Society, Section on Medical Economics

Nearly 1.33 million admissions were recorded in Michigan community hospitals in 1984. This represents an eight percent drop in total admissions between 1980 and 1984. Noted however, is the fact that Michigan's population has declined by over two percent in that time period. Comparatively, the United States has experienced a two percent drop in total admissions with a four percent population increase between 1980 and 1984.

Continued on page 618

AIDS SYMPOSIUM

NOVEMBER 5, 1987
7:30 P.M.
CALVIN COLLEGE FINE ARTS CENTER AUDITORIUM
GRAND RAPIDS, MICHIGAN
(East Beltline at Burton)

SPEAKERS: ONE OF THE NATION'S LEADING AIDS RESEARCHERS

WILLIAM A. HASELTINE, PhD (Biophysics) Harvard University
Postdoctoral Fellow, Massachusetts Institute of Technology Center for Cancer Research, Cambridge.
Chief, Laboratory of Biochemical Pharmacology, Dana-Farber Cancer Institute.
Professor, Department of Pathology, Harvard Medical School.
Professor, Department of Biochemical Pharmacology, Dana-Farber

DAVID M. PENCE, MD, Radiology Oncologist, University of Minnesota
Speaker, writer and organizer in Civil Rights
Topic: "AIDS: Public Health Crisis vs. Civil Rights"

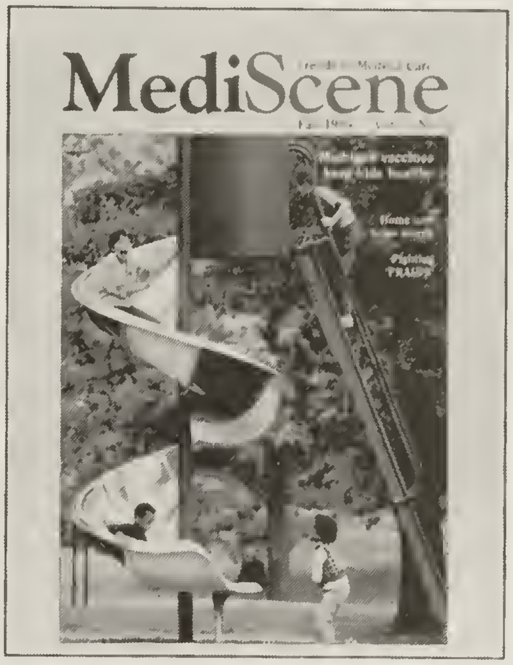
A question and answer session will follow.
This program is open to Physicians and Dentists, their spouses and office staff and the invited guests of the Kent County Medical Society.
To register for 3 CME Credits, please send your check for $5.00 to:

Mrs. Rose Heald
MSMS Office
120 W. Saginaw
E. Lansing, MI 48823

Also indicate the number of persons attending.

To avoid parking problems, please arrive early.

This magazine is filled with information about Health and Medical Care.



Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away — by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four!
Send me ___ subscriptions at $9.95 ea (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea (11 or more subscriptions). Enclosed is my check for ________.

NAME ________________

ADDRESS ________________

CITY ________________

STATE ________________ ZIP ________________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A D, DIA, END NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

MEDIAN PROFESSIONAL EXPENSES
1975 to 1985
(in thousands)

	1975	1979	1982	1983	1985	Percent Change 1975 to 1985
All MDs	31.0	40.0	60.0	67.0	77.0	148.4
Specialty:						
General Practice	35.0	44.0	64.0	69.0	80.0	128.6
Internal Medicine	35.0	42.0	66.0	66.0	74.0	111.4
Surgery	40.0	52.0	75.5	98.5	106.5	166.3
Pediatrics	30.0	40.0	57.0	63.0	73.0	143.3
Ob/Gyn	40.0	59.5	95.0	98.5	116.0	190.0
CENSUS DIVISION:						
E. N. Central	30.0	40.0	60.0	65.0	70.0	133.3

Source: AMA Socioeconomic Characteristics of Medical Practice 1986
Produced by: Michigan State Medical Society, Section on Medical Economics

Continued on page 620

Michigan State Medical Society

It's everything special under the sun..........

THE mv AZUR

February 22-29 1988
March 14-21 1988

From $849.00 per person
Detroit Departure

This unique itinerary offers you an unforgettable cruise experience visiting San Juan and its walled city; the busy waterfront of Charlotte Amalie in St. Thomas; Dominica-a tropical hothouse of exotic plants, animals and people;Bequia-a sundrenched paradise; Barbados-very British, friendly , and very beautiful; Martinique-birthplace of Napoleon's Josephine, and where Gaugin lived and worked; St. Kitts- rich in vegetation and virgin rain forests alive with the sound of hummingbirds.

SPACE IS LIMITED!
SIGN UP SOON!

OPEN TO MEMBERS,THEIR FAMILIES AND FRIENDS.

TOUR INCLUDES
- Round-trip L-1011 jet air transportation.
- Seven days cruising to seven exciting ports of call.
- Eight meals per day.
- Transfers via air-conditioned motorcoaches and porterage.
- Trans Global Tours escort will host your cruise.
- And much, much more.....

FOR ADDITIONAL INFORMATION
CALL OR WRITE:
TRANS GLOBAL TOURS, INC.
8200 Normandale Boulevard, Suite 504
Minneapolis, MN 55437
USA toll Free:: 1-800-328-6264

OR
MICHIGAN STATE MEDICAL SOCIETY
ATTN:DONNA FAROUGI
120 West Saginaw Street
East Lansing, Michigan 48826-0950
(517) 337-1351

Hematology Department

AUTOMATION delivers prompt results, people make them accurate.

Advance Medical & Research Center, Inc. offers the rapidity of automation and internal control parameters required for individual observation of patient results. Specialists in hematology work closely with the pathologist in providing complete and professional followup to our client accounts.

AMRC , providing service beyond your expectation.

Advance Medical & Research Center, Inc.

1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park Alpena Bay City Clarkston East Jordan Flint Grand Rapids Kalamazoo Lansing Livonia Marquette Monroe Muskegon Portage Saginaw Traverse City

FYI/Continued

COMPOSITION OF PERSONAL HEALTH CARE EXPENDITURES IN MICHIGAN
(Expenditures For Each Category in Percent of Total Expenditures for the Given Year)

Year	Hospital Care	Physician Services	Dental Services	Other Professional Services	Drugs & Medical Sundries	Nursing Home Care	Other Health Services
1966	42.5	22.9	7.3	2.3	14.3	4.7	2.8
1969	43.0	22.7	7.7	2.0	13.5	5.8	2.5
1972	43.7	21.9	7.9	1.7	12.8	7.0	2.3
1976	46.5	21.0	8.5	1.7	10.1	7.6	2.2
1978	46.5	21.7	8.5	1.7	9.3	8.0	2.1
1980	47.0	21.4	8.8	1.6	8.6	8.5	2.1
1982	49.0	20.7	8.5	1.5	7.8	8.3	2.5
1984	48.0	20.9	9.1	1.7	7.7	8.3	2.7
1985	47.4	21.1	9.3	1.8	7.6	8.4	2.9

Source: Personal Health Expenditures in Michigan, 1985; Price Waterhouse
Produced by: Michigan State Medical Society, Section on Medical Economics

You've Known Us For Our Quality...

Now Test Our Service

M Labs

Department of Pathology
University of Michigan
Medical Center

Specialty Reference Laboratory Testing
- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology
- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

1500 E. Medical Center Drive
Medical Science Bldg. I
M5221/0602
Ann Arbor, MI 48109-0602

313-936-2598

800-862-PATH

Peter A. Ward M.D.
Chairman

Kenneth D. McClatchey M.D.
Associate Chairman
Director, M Labs

Eugene M. Silverman M.D.
Associate Director, M Labs

Before you pick a Claims-Made Insurance Company

ASK YOURSELF WHERE THEY'LL BE 10 YEARS FROM NOW.

Michigan physicians learned a costly lesson back in 1975. The cost of liability insurance was rising. Insurance companies were leaving the state. And many physicians were left without insurance.

That's when the Brown-McNeely Fund, later to become PICOM, stepped in to fill a need. We were set up specifically for physicians. We're a physician-owned company.

Now that Michigan is offering claims-made insurance policies, a lot of new companies are again interested in doing business here. But most of them aren't located here. Or even in this country.

Insuring your practice is an important decision. Knowing someone will be here when you need them is an important part of making that decision.

For information, contact Physicians Insurance Company of Michigan, 4277 Okemos Road, Box #2510, Okemos, Michigan 48864-2510.

PICOM

Claims Made
What are the answers?

Graduates of foreign medical schools discuss concerns at WCMS workshop

Welcome
Wayne County
Medical Society

A capacity crowd of physicians and other interested persons filled the Wayne County Medical Society conference room May 18 for a workshop on the concerns of graduates of foreign medical schools. MSMS supported the meeting, which was organized by the WCMS Task Force for Graduates of Foreign Medical Schools. Speakers represented the Michigan Board of Medicine, Educational Commission for Foreign Medical Graduates, AMA Ad Hoc Committee on Foreign Medical Graduates, and the *FMG Newsletter*.

WCMS Task Force Chairman Krishna Sawhney, MD, opened the conference. Topics included changes in Michigan licensure rules, national legislation, the ECFMG, and AMA policy affecting graduates of foreign schools.

WCMS President-elect Gilberg Bluhm, MD, left, was among the attendees. The event theme was "Foreign Medical Graduates: Can we be a catalyst for change?" Two hundred persons attended.

Motrin® 800 TABLETS mg

ibuprofen

Extra strength

Convenience

Economy

Upjohn

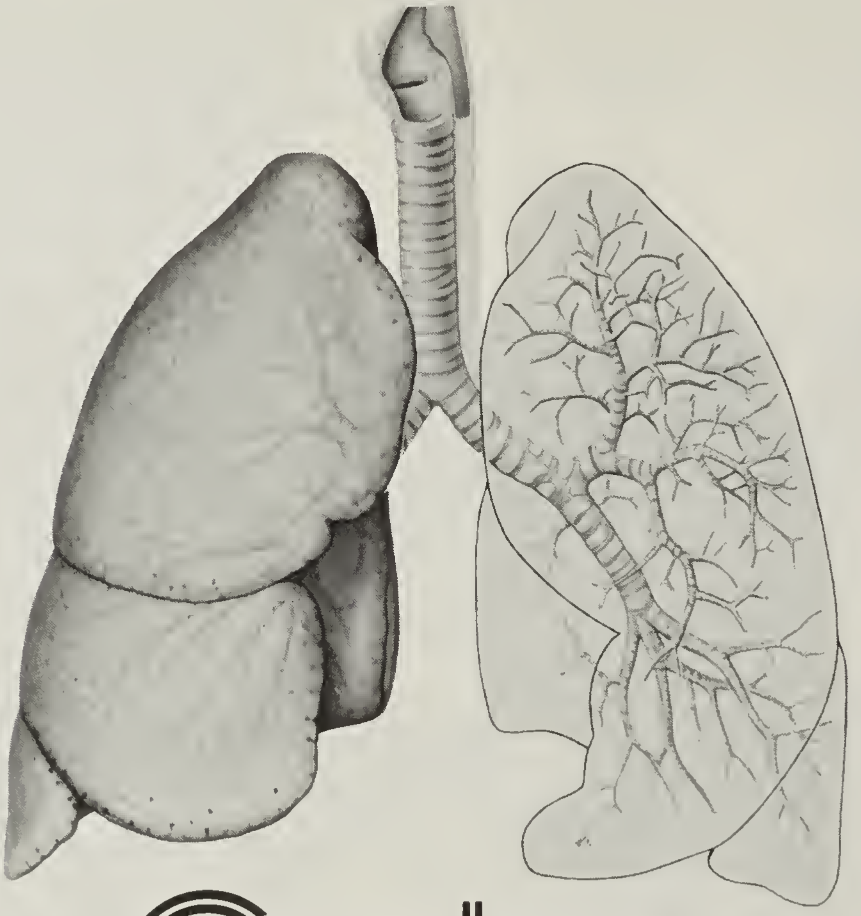
100

A Century
of Caring
1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, Streptococcus pneumoniae
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins.

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

[072886R]

PA 8794 AMP

©1987, ELI LILLY AND COMPANY

Lilly

700241

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

Chromosome jumping library

Faculty at the University of Michigan Medical Center (UMMC) have developed a new method for mapping human chromosomes, which will help to advance gene cloning and the therapeutic uses of genetics, especially in cystic fibrosis.

Francis Collins, MD, PhD, Assistant Professor in the Departments of Internal Medicine and Human Genetics at UMMC, recently headed a team of physicians, biomedical researchers and technicians in the construction of a General Human Chromosome Jumping Library. The approach was successfully tested by applying it to a problem in cystic fibrosis.

In many genetic disorders, the responsible gene and its protein product are unknown. A technique known as "reverse genetics," in which chromosomal map positions and genetically linked DNA markers are used to identify and clone such genes, is complicated by the fact that the molecular distances from the closest DNA markers to the gene itself are often too large to traverse by standard cloning techniques.

To address the problem of cloning over such large distances, Dr. Collins developed a technique called chromosome jumping, which allows one to "leap" over large stretches of DNA.

A disease gene is often hundreds of kilobases away from the closest DNA marker, making it difficult to clone candidate genes,

Continued on next page

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit

PRACTICAL ▪ CLINICAL ▪ EDUCATIONAL ▪ CURRENT

MARCH 1987 VOL. 9, NO 3

Family Practice Recertification

CI 10 Genitourinary system
Prostatitis: Diagnosis and Treatment
William R. Scheibel MD

CI 20 Problems other than specific diagnostic symptomati
Automobile Safety
N. Burton Attico, MD • Richard J. Smith, III • Michael A. Friedman

CI 1 Communicable diseases
Acquired Immunodeficiency Syndrome, Part 2: The Spectrum of Disease
Navin M. Amin, MD

CI 7 Circulatory system
Antianginal Drug Therapy for Stable Angina Pectoris: Update
Wilbert S. Aronow MD

EXTENSIVE CHORIORETINITIS CAUSED BY TOXOPLASMOSIS ASSOCIATED WITH AIDS INFECTION

page

which could help identify the abnormality. The jumping approach expedites this process considerably, by allowing the cloning of DNA sequences approximately 100 kilobases away from any starting point.

As an illustration of its usefulness, the library was searched for a jumping clone, using a marker tightly linked to the cystic fibrosis gene located on human chromosome 7. The new jumping fragment should be even closer to the cystic fibrosis gene than the startpoint. Repeated use of this technique should soon allow cloning of the gene itself.

The use of high-resolution cytogenetics has allowed chromosomal mapping in an increasing number of disorders of single human genes, even in situations where gene function is unknown. Besides cystic fibrosis, other recent examples include Huntington disease, adult polycystic kidney disease, chronic granulomatous disease, Duchenne muscular dystrophy, and familial retinoblastoma. In the last three of these disorders, mapping has already led directly to the cloning of a candidate gene, raising hopes that this "reverse genetics" approach may be widely successful for cloning disease-associated genes for which no protein product is known.

The use of chromosome jumping should considerably expedite this process, and is now applicable to any genetic locus for which a closely linked DNA marker is available.

Computers help patients with brain injuries

People with brain injuries, who are currently being helped by specialized computer programs designed at The University of Michigan Medical Center, may someday return to work through the efforts of two UMMC scientists and a grant from the Robert Wood Johnson Foundation.

Ned Kirsch, director of the Traumatic Brain Injury Program at The University of Michigan Medical School, and his co-investigator Simon Levine, an assistant professor in the Department of Physical Medicine and Rehabilitation, use computers to help brain-injured patients perform the ordinary chores of daily life.

As head of a multi-disciplinary team, which includes a rehabilitation engineer, a computer programmer and an occupational therapist, Kirsch will conduct a two-year assessment of how computer programs, developed for home use, can be applied to work situations.

Kirsch works primarily with young male accident victims, who have difficulties with attention, concentration, memory, reasoning, judgment and putting things in proper sequence. Many, although physically healthy and strong, have problems with such everyday tasks as washing and dressing or taking medication. Often, they need constant supervision.

For the past four years, Kirsch and Levine have worked on an interactive computer program to improve the real-world abilities of their patients. They have also developed a new computer language called COGORTH, which is able to control electrical devices and to communicate vocally to help patients with routine chores.

Helping patients manage their environments also makes it possible for other family members to continue their daily routines. For example, if a patient needs to take medication four times a day, a family member can prepare the correct amount before leaving for work. At the appropriate time, the computer will turn itself on and tell the patient to take his medication. It will then ask questions, such as "How many pills did you take? How many are left?" If there is a problem, the computer can telephone for help.

"We've found," says Kirsch, "that many patients who have difficulty with memory and perception problems are greatly helped by interacting with a computer. People who have failed miserably at a task are often able to complete the same task successfully using a computer."

Continued on page 628

AIM HIGH

A PRESCRIPTION FOR PHYSICIANS

BOTHERED BY:

- ★ Too much paperwork?
- ★ The burden of office overhead?
- ★ Malpractice insurance costs?
- ★ Not enough time for the family?
- ★ No time to keep current with technology and new methods?
- ★ No time or money for professional development?

JOIN THE AIR FORCE MEDICAL TEAM;
WE'LL PROVIDE THE FOLLOWING:

- ★ Competent and dedicated professional staff.
- ★ Time for patients and for keeping professionally current.
- ★ Financial security, a generous retirement for those who qualify.
- ★ If qualified, unlimited professional development.
- ★ Medical facilities all around the world.
- ★ 30 days of vacation with pay each year.
- ★ Complete medical and dental care.
- ★ Low cost life insurance.

Want to find out more? Contact your nearest Air Force recruiter for information at no obligation. Call

USAF Health Professions
(313) 561-7018
Collect

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6100

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer
Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI
48033
313/851-3058

— Since 1968 —

NEWSFRONTS/Continued

Vitamin D deficiency may be a cause of slipped femurs from the hip in children, according to an award-winning research presentation by Arthur Raines, Jr., MD, a second-year resident in Henry Ford Hospital's Orthopaedic Surgery Department.

His preliminary report noted a correlation between children with low levels of Vitamin D and a displaced femur in the hip joint. Additionally, the research showed a seasonal effect—most cases occurred during the winter and spring months when there is a lack of sunshine. For his study, Doctor Raines placed first in the recent Orthopaedic Surgery Section of the Residents” Research Competition at the American Academy of Pediatrics Annual Meeting.

Doctor Raines and his research sponsors intend to sponsor a multi-center investigation in hopes of backing up their findings. Medical centers considered will be from different latitudes across the country.

Upjohns” gift endows professorship for cancer research

An endowed professorship for cancer research and treatment will be established at The University of Michigan with a gift from Doctor and Mrs. E. Gifford Upjohn of Kalamazoo.

The $1 million endowment fund will support a Medical School faculty member specializing in cancer research and treatment. The professorship will be an important addition to the new U-M Cancer Center which will expand the University's emphasis on cancer research and patient care.

The first holder of the endowed position, to be named the E. Gifford and Love Barnett Upjohn Professorship of Internal Medicine and Oncology, will be appointed sometime during the next academic year.

“The benefits of the Upjohn professorship will reach far beyond the patients this physician treat personally,” said George D. Zuidema, U-M vice provost for medical affairs. “Future cancer patients will be helped by both the specialized training young physicians will receive here and the cancer research breakthroughs that may occur.”

Doctor Upjohn, whose family founded the Upjohn Company in 1886, noted that a great many members of his family have attended the University's various schools. Thirteen members of the Upjohn family have graduated from the Medical School since the 1870s. Doctor Upjohn received his BS degree in 1925 and MD in 1928. ☐

She's counting on You

And you have the talents and skills to justify her trust. Don't let alcohol or drugs jeopardize this beautiful relationship. The Michigan Program to Assist Impaired Physicians can help.

Michigan State Medical Society
Michigan Association of
Osteopathic Physicians and Surgeons
PO Box 950, East Lansing, Michigan 48823
Contact: Katie Brewbaker
Phone (517) 337-1351

PHYSICIANS IN THE NEWS

Ahmad

Bergman

Breneman

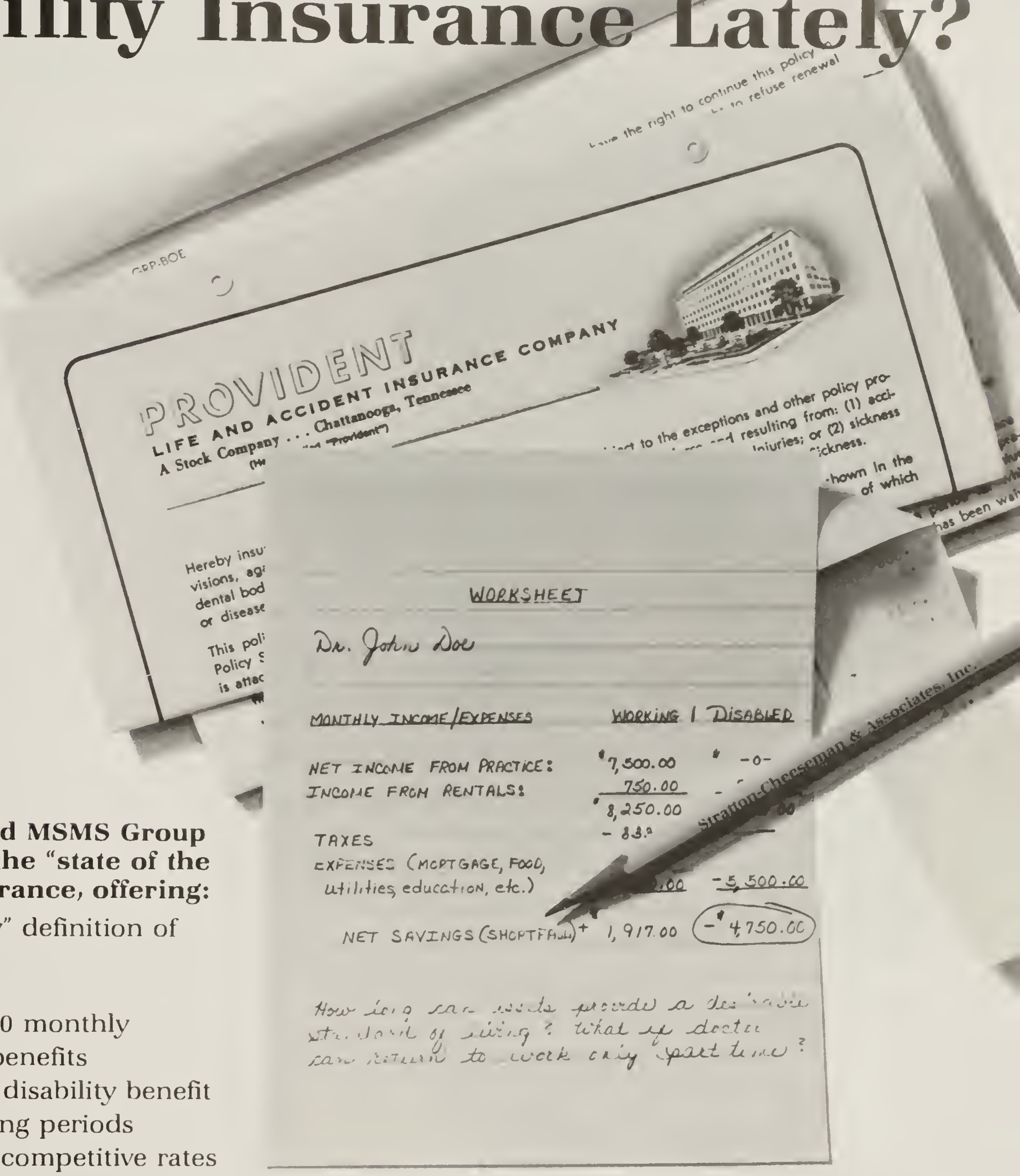
Harold

Maisel

Whitten

Charles F. Whitten, MD, Detroit, recently received a distinguished service award from Wayne State University School of Medicine for his substantial contributions to science, medicine and academic excellence.... **Lieutenant Commander Curtis Small, MD**, Battle Creek, just returned from a tour on the Navy's hospital ship, USNS Mercy. The tour included stops in Fiji, New Guinea and seven ports in the Philippines.... **Frederick Maynard, MD**, Ann Arbor, has been named recipient of the American Spinal Injury Foundation's annual research award. He received $1,000.... **Marta R. Szego-Koltay, MD**, Tawas City, has been elected president of the Iosco County Medical Society.... **Susan E. Harold, MD**, Detroit, has been awarded the Golden Stethoscope Teaching Award from Mount Carmel Mercy Hospital.... **Claire Scheele, MD**, a general surgeon at Berrien General Hospital, has been elected president of the Berrien County Division of the American Heart Association of Michigan.... **James Breneman, MD**, a Galesburg allergist, was recently named to the editorial advisory board of the *Allergy Observer*.... **Enrique Ostrea, MD**, Birmingham, was named one of eight Outstanding Fillipinos in the Midwest by the Cavite Association of America. ... **David B. Hawtof, MD**, Southfield, is the new president of the Southeastern Michigan Surgical Society.... **Roy Bergman, MD**, Escanaba, recently was appointed by Governor Blanchard to the Great Lakes Athletic Commission. He also received the President's Award for Distinguished Citizenship from Northern Michigan University. ... **William D. Myers, MD**, Lansing, was honored by the Lions Club with a plaque for his role in a new service now being offered by the organization—free cataract surgery for those who have no insurance coverage.... **Lewis Milburn, MD**, Detroit, has been recognized by the city council and the state Senate. Doctor Milburn has practiced medicine for 30 years and received the title of diplomat of American Board of Psychiatry and Neurology.... **Robert N. Whittenberger, MD**, Grand Rapids, has been appointed medical director for Travelers Health Network, a new preferred provider organization in western Michigan.... Wayne State University named two distinguished faculty fellows: **Harry Maisel, MB, ChB**, professor and chairman of anatomy, who was named Board of Governors Fellow, and **Jeanne Lusher, MD**, Wayne State professor of pediatrics, who has been awarded a Gershenson Fellowship. Each award carries stipends of $6,000 annually for two years to support the recipient's current research efforts.... AMA Alternate Delegate **Busharat Ahmad, MD**, Marquette, received the President's Award for Distinguished Citizenship at Northern Michigan University summer commencement exercises.... **Khalid M. Ataya, MD**, Department of Obstetrics/Gynecology, Wayne State University, is currently doing research to prevent chemotherapy-induced ovarian failure. The research is being supported by an American Cancer Society grant award totaling more than $150,000. □

Have You Reviewed YOUR Disability Insurance Lately?


PROVIDENT
LIFE AND ACCIDENT INSURANCE COMPANY
A Stock Company . . . Chattanooga, Tennessee
Stratton-Cheeseman & Associates, Inc.

WORKSHEET

Dr. John Doe

MONTHLY INCOME/EXPENSES	WORKING	DISABLED
NET INCOME FROM PRACTICE:	$7,500.00	$ -0-
INCOME FROM RENTALS:	750.00	-
	$8,250.00	
TAXES	- 833	
EXPENSES (MORTGAGE, FOOD, utilities, education, etc.)	.00	-5,500.00
NET SAVINGS (SHORTFALL)	+ 1,917.00	-$4,750.00

How long can assets provide a desirable standard of living? What if doctor can return to work only part time?

The new, improved MSMS Group Disability plan is the "state of the rt" in group insurance, offering:

- Your own specialty" definition of disability
- Lifetime benefits
- Benefits up to $2,500 monthly
- Residual disability benefits
- Waiver of premium disability benefit
- 30 and 90 day waiting periods
- Quality coverage at competitive rates
- Conversion guarantee

Call or write us today for a review of your coverage and further information about our plans!

This plan is underwritten by Provident Life & Accident Insurance Company, Chattanooga, Tennessee.

Stratton-Cheeseman & Associates, Inc.

1305 Abbott Road
P.O. Box 1563
East Lansing, Michigan 48823
Call Toll Free: 1-800-292-1926

SC

Order these brochures for your breast cancer patients

Breast Cancer Treatments:

A Helpful Guide For You

From discovering a lump to recovering from surgery or other treatment — an MSMS brochure details the steps taken when breast cancer is diagnosed. "Breast Cancer Treatments: A Helpful Guide for You" is a pamphlet designed to answer many of the questions and allay some of the fears your patients will have.

Fifty copies are available to you at no charge by writing Arlyn Wilson, Michigan State Medical Society, PO Box 950, East Lansing 48826-0950. Additional copies available for a nominal fee.

CARAFATE®
(sucralfate)

BRIEF SUMMARY

CONTRAINDICATIONS

There are no known contraindications to the use of sucralfate.

PRECAUTIONS

Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that the simultaneous administration of CARAFATE with tetracycline, phenytoin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. The clinical significance of these animal studies is yet to be defined.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No evidence of drug-related tumorigenicity was found in chronic oral toxicity studies of 24 months' duration conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies have not been conducted.

Pregnancy: Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients, adverse effects were reported in 121 (4.7%). Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

DOSAGE AND ADMINISTRATION

The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate.

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination.

HOW SUPPLIED

CARAFATE (sucralfate) 1-gm pink tablets are supplied in bottles of 100 and in Unit Dose Identification Paks of 100. The tablets are embossed with MARION/1712.

Issued 3/84

References:

1. Korman MG, Shaw RG, Hansky J, et al: *Gastroenterology* 80:1451-1453, 1981.
2. Korman MG, Hansky J, Merrett AC, et al: *Dig Dis Sci* 27:712-715, 1982.
3. Brandstaetter G, Kratochvil P: *Am J Med* 79(suppl 2C):36-38, 1985.
4. Marks IN, Wright JP, Gilinsky NH, et al: *J Clin Gastroenterol* 8:419-423, 1986.
5. Lam SK, Hui WM, Lau WY, et al: *Gastroenterology* 92:1193-1201, 1987.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION
LABORATORIES INC.
KANSAS CITY MO 64137

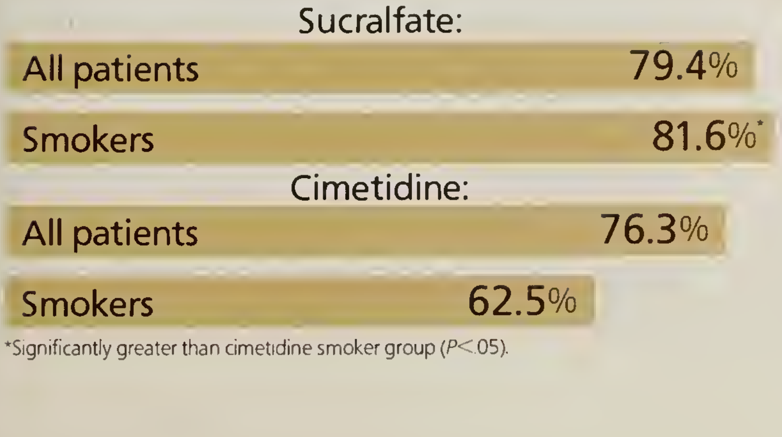
1594H7

Ulcer therapy that won't yield, even to smoking

What do you do for duodenal ulcer patients who should stop smoking, but won't? Both cimetidine[1] and ranitidine[2] have been shown less effective in smokers than nonsmokers.

Choose CARAFATE® (sucralfate/Marion). Two recent studies show Carafate to be as effective in smokers as nonsmokers.[3,4] A difference further illustrated in a 283-patient study comparing sucralfate to cimetidine[5]:

Ulcer healing rates:
(at four weeks of therapy)[5]



*Significantly greater than cimetidine smoker group ($P < .05$).

Carafate has a unique, nonsystemic mode of action that enhances the body's own ulcer healing ability and protects the damaged mucosa from further injury.

When your ulcer patient is a smoker, prescribe the ulcer medication that won't go up in smoke: safe, nonsystemic Carafate.

Nothing works like

CARAFATE®
sucralfate/Marion

Please see adjoining page for references and brief summary of prescribing information.

1594H7

There's never been a better time for her

nd PREMARIN®

Proven benefits beyond relief of vasomotor symptoms

No other estrogen proven effective for osteoporosis

Only conjugated estrogens tablets have established efficacy in both osteoporosis[1] and vasomotor symptoms* at 0.625 mg/day. No other estrogen, oral or transdermal, has established clinical evidence or minimum effective dose in both indications.

No estrogen proven safer

PREMARIN is the most extensively tested estrogen, with an unsurpassed record of long-term safety.
And clinical evidence shows a significantly reduced risk of endometrial hyperplasia when cycled with a progestin.[2]

PREMARIN®
(conjugated estrogens tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary
of prescribing information.

For moderate-to-severe vasomotor symptoms and for osteoporosis

PREMARIN®
(conjugated estrogens tablets)

PREMARIN 0.3
PREMARIN 0.625
PREMARIN 0.9
PREMARIN 1.25
PREMARIN 2.5

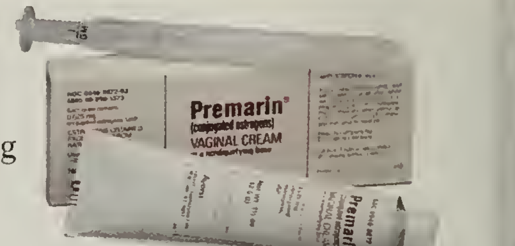
0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(conjugated estrogens)

Vaginal Cream
0.625 mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream, in a nonliquefying base

1 ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year This risk was independent of the other known risk factors for endometrial cancer These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4 5 to 13 9 times greater than in nonusers The risk appears to depend on both duration of treatment and on estrogen dose In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible When prolonged treatment is medically indicated, the patient should be reassessed on at least a semi-annual basis to determine the need for continued therapy Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration, it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equi-estrogenic doses
2 ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring It has been shown that females exposed in utero to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing, in later life, a form of vaginal or cervical cancer that is ordinarily extremely rare This risk has been estimated as not greater than 4 per 1 000 exposures Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix Although these changes are histologically benign, it is not known whether they are precursors of malignancy Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects One case-controlled study estimated a 4.7-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1,000 In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters Tablets are available in 0 3 mg 0 625 mg, 0 9 mg, 1 25 mg, and 2 5 mg strengths of conjugated estrogens Cream is available as 0 625 mg conjugated estrogens per gram

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP) Moderate-to-severe *vasomotor* symptoms associated with the menopause (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions) Osteoporosis (abnormally low bone mass). Atrophic vaginitis Kraurosis vulvae Female castration

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae

PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING)

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes Whether this will provide protection from endometrial carcinoma has not been clearly established There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens (See PRECAUTIONS) The choice of progestin and dosage may be important, product labeling should be reviewed to minimize possible adverse effects

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions 1 Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease 2 Known or suspected estrogen-dependent neoplasia 3. Known or suspected pregnancy (see Boxed Warning). 4 Undiagnosed abnormal genital bleeding 5 Active thrombophlebitis or thromboembolic disorders 6 A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy)

WARNINGS: Estrogens have been reported to increase the risk of endometrial carcinoma (see Boxed Warning) However, a recent large, case-controlled study indicated no increase in risk of breast cancer in postmenopausal women. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement, it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use They should be used with caution in patients with cerebral vascular or coronary artery disease Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives For this reason, diabetic patients should be carefully observed Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention, such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients Oral contraceptives appear to be associated with an increased incidence of mental depression Patients with a history of depression should be carefully observed Pre-existing uterine leiomyomata may increase in size during estrogen use The pathologist should be advised of estrogen therapy when relevant specimens are submitted If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not yet complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen

a Increased sulfobromophthalein retention.

b Increased prothrombin and factors VII, VIII, IX, and X, decreased antithrombin 3, increased norepinephrine-induced platelet aggregability

c Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T_4 by column, or T_4 by radioimmunoassay Free T_3 resin uptake is decreased, reflecting the elevated TBG, free T_4 concentration is unaltered

d Impaired glucose tolerance

e Decreased pregnanediol excretion

f Reduced response to metyrapone test

g Reduced serum folate concentration

h Increased serum triglyceride and phospholipid concentration

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk

Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. However, in a recent, large case-controlled study of postmenopausal women there was no increase in risk of breast cancer with use of conjugated estrogens

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, premenstrual-like syndrome, amenorrhea during and after treatment, increase in size of uterine fibromyomata, vaginal candidiasis, change in cervical erosion and in degree of cervical secretion, cystitis-like syndrome, tenderness, enlargement, secretion (of breasts); nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, chloasma or melasma which may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism, steepening of corneal curvature, intolerance to contact lenses, headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, edema, changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1 *Given cyclically for short-term use only* For treatment of moderate-to-severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0 3 mg to 1 25 mg or more daily) The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals

2 *Given cyclically* Osteoporosis Female castration. Osteoporosis —0 625 mg daily Administration should be cyclic (eg, three weeks on and one week off) Female castration—1 25 mg daily, cyclically Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only For treatment of atrophic vaginitis or kraurosis vulvae

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible

Administration should be cyclic (eg, three weeks on and one week off)

Attempts to discontinue or taper medication should be made at three- to six-month intervals

Usual dosage range 2 g to 4 g daily, intravaginally depending on the severity of the condition

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding

References:

1. Lindsay R, Hart DM, Clark DM. The minimum effective dose of estrogen for prevention of postmenopausal bone loss *Obstet Gynecol* 1984,63 759-763 **2.** Studd JWW. Thom MH, Paterson MEL, et al: The prevention and treatment of endometrial pathology in postmenopausal women receiving exogenous estrogens, in Pasetto N, Paoletti R, Ambrus JL (eds): *The Menopause and Postmenopause.* Lancaster, England, MTP Press Ltd, 1980, chap 13

© 1987 Ayerst Laboratories
All rights reserved

6437/587

Ayerst®
AYERST LABORATORIES
New York, NY 10017

Did you know?

UP has produced five MSMS presidents

Over the years five Upper Peninsula physicians have served as president of the Michigan State Medical Society.

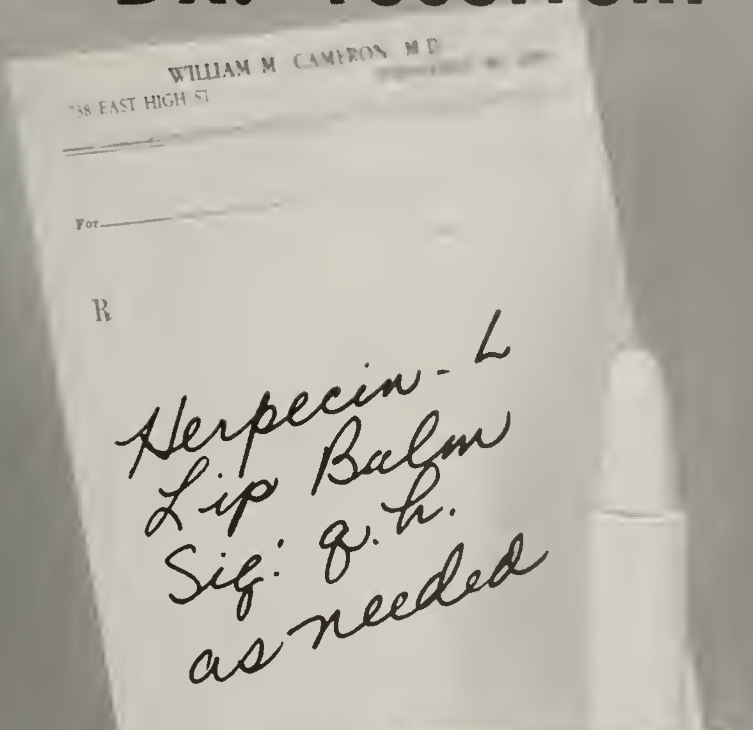
MSMS was organized in 1866 but it was not until 1904 that the first UP physician was elected state president. He was B.D. Harison, MD, of Sault Ste. Marie.

Starting with Doctor Harison, three more UP physicians were chosen as MSMS president within a 11-year span. A.F. Lawbaugh, MD, Calumet, followed in 1908 and A.W. Hornbogen, MD, of Marquette, was honored in 1915.

Then the next two followed in almost 20-year intervals. Henry E. Berg, MD, Newberry, became president in 1936 and W.S. Jones, MD, Menominee, was elected in 1955.

Doctor Jones, according to the MSMS centennial publication, *A Century of Service in Medicine*, in 1966 rated the most important contribution during his term of office as the development of a health and accident insurance plan for MSMS members. Doctor Jones later played a prominent role as chairman of the committee which directed the planning and construction of MSMS headquarters in East Lansing. ☐

Dx: recurrent herpes labialis



"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough."** DDS, MN

"HERPECIN-L®. . . a **conservative approach** with **low risk/high benefits."** MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed** . . . remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior."** DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

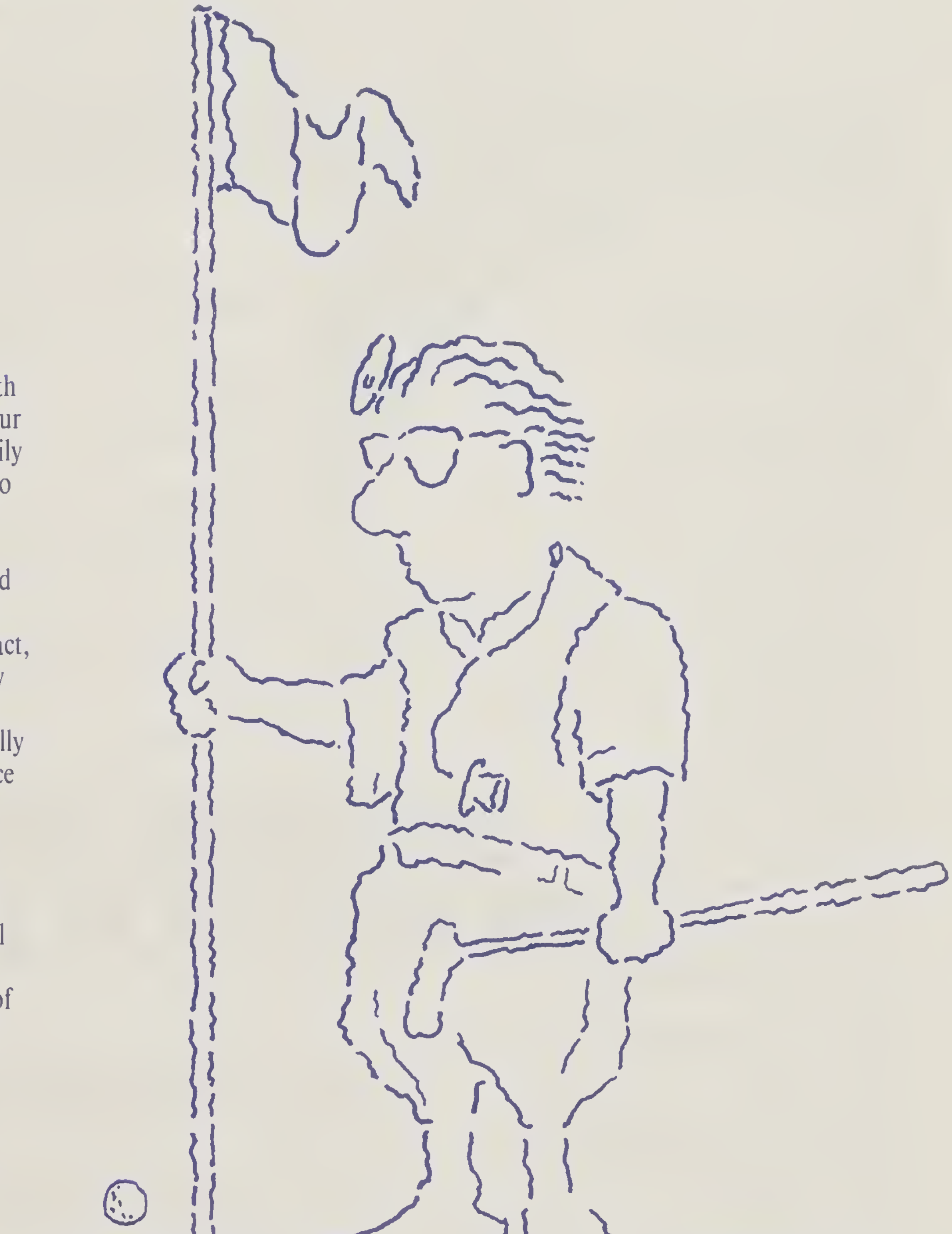
Making sense of MAACs

IT IS FOR US THE
TO BE

Physicians and their office staff had questions answered when MSMS presented two seminars on the new Medicare reimbursement changes revolving around maximum allowable actual charges (MAACs). The seminars took place at Wayne County Medical Society headquarters, Detroit, and at Kellogg Center, Michigan State University, where these photos were taken.

Among the speakers was Bruce Bleyhart, JD, director, AMA Department of Legislative Activities, far right below. A videotape of the presentations is available from Debbie Zannoth at MSMS headquarters.

Bill And Build Your Business Better.



You could probably find better things to do with your precious leisure time than worrying about your billing. After all, the best doctors are not necessarily the best business people. Nor do you really need to be, as long as you have Medical Billing Service (MBS) working for you.

MBS offers you a more efficient, affordable and trouble-free way to automate your medical office. More than 1500 doctors utilize MBS services. In fact, MBS is the only medical billing service that is fully endorsed by the Michigan State Medical Society.

MBS can improve your cash flow by electronically billing your patients faster and processing insurance claims up to 60 days quicker. This factor alone could pay for MBS services in the first month.

MBS streamlines patient scheduling, medical records, patient flow and referrals. MBS can help you find temporary, permanent and leased medical personnel.

Whether you are an individual doctor or part of a group . . . a doctor who sees patients or a doctor who doesn't . . . MBS can help you run a more profitable and worry-free business today, and tomorrow.

For more information on how MBS can help you bill and build a better business, call or write us, today.

MEDICAL BILLING SERVICE

Medical Billing Service
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

Corporate Office
29299 Franklin Road
Southfield, MI 48034
(313) 353-7255

Flint Office
(313) 238-4804

Grand Rapids Office
(616) 940-1841

Michigan State
Medical Society
Physician Service Group
(517) 337-1351

. . . helping doctors get down to business.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join with other MSMS members at both the local and state levels in achieving these goals.

Bobbie J. Allen, MD — ON/IM
23077 Greenfield #240
Southfield 48075

Jack Bardolph, MD — AN
2205 DeLange Dr., SE
Grand Rapids 49506

Kenneth P. Bartold, MD — DR
1425 Parklane Towers, West
Dearborn 48126

Gordon H. Baustian, MD — FP
2909 E. Grand River #211
Lansing 48912

Carol Ann Beals, MD — RHU/IM
4333 W. St. Joseph
Lansing 48917

Donald D. Bignotti, MD — FP
19611 Eight Mile Rd.
St. Clair Shores 48080

William E. Boden, MD — IM/CD
4525 Charing Cross Rd.
Bloomfield Hills 48013

Sonia E. Causin, MD — GP
1310 Heatherwoode Rd.
Flint 48505

William F. Chandler, MD — NS
1500 E. Medical Center Dr.
Ann Arbor 48109

Carol L. Clark, MD — EM/GP
1221 South Drive
Mt. Pleasant 48858

Jeffrey H. DeClaire, MD — ORS
1460 Walton Blvd. #201
Rochester 48063

Jonelle E. DeLawrence, MD — OBG
7189 Larme Ave.
Allen Park 48101

Michael J. Dionne, MD — IM
16839 St. Paul
Grosse Pte. 48230

Daniel A. Ekkens, MD — FP/EM
406 N. State St.
Gobles 49055

Noemi M. Faustino-Inocencio, MD — IM/FP
421 Pioneer Rd.
Berrien Springs 48103

Gerald M. Gacioch, MD— CD/IM
2308 Walter Drive
Ann Arbor 48103

Charles A. Gaputis, DO — FP
1223 Mercy Drive
Muskegon 49444

Jay Globerson, MD — AN
2215 Fuller Road
Ann Arbor 48105

Anthony F. Graziano, MD — EM
8640 28th St., SE
Ada 49301

Lazar J. Greenfield, MD— GS/TS
1500 E. Medical Ctr. Dr. #2101
Ann Arbor 48109

David L. Halsey, MD — IM/END
3781 Maidstone Road
Jackson 49203

David N. Hing, MD — PS
1556 Morehead Drive
Ann Arbor 48103

Keith A. Hinshaw, MD — GS
134 W. University Dr. #103
Rochester 48063

Michael P. Hopkins, MD — OBG
2060 Delaware
Ann Arbor 48103

Phillip M. Hudson, MD — CLP
22101 Moross Rd.
Detroit 48236

Timothy L. Hutton, MD — FP
5498 109th Ave.
Pullman 49450

Salah Itani, MD — A
20600 Eureka #408
Taylor 48180

Salam A. Jafar, MD — R/ON
5301 E. Huron River Drive
Ann Arbor 48106

Michael T. Jelinek, MD — IM/ID
25541 Briar Drive
Oak Park 48237

Judd C. Johnston, MD — PTH
P.O. Box 595
Ishpeming 49849

June B. Jones, MD — IM
3800 Woodward #822
Detroit 48201

Selwyn Kay, MD — GS/FP
870 Trombley
Grosse Pte. Park 48230

Conrad A. Kawel, III, MD — GS
10951 Farmington Rd.
Livonia 48150

John L. Kemink, MD — OTO
1500 E. Medical Center Drive
Ann Arbor 48109

Marilyn C. Kincaid, MD — OPH
1000 Wall Street
Ann Arbor 48104

Nancy P. Kivell, MD — AN
425 Cherry St., SE
Grand Rapids 49503

Continued on page 642

CARE FOR YOUR COUNTRY.

As an Army Reserve physician, you can serve your country and community with just a small investment of your time. You will broaden your professional experience by working on interesting medical projects in your community. Army Reserve service is flexible, so it won't interfere with your practice. You'll work and consult with top physicians during monthly Reserve meetings. You'll also attend funded continuing medical education programs. You will all share the bond of being civic-minded physicians who are also commissioned officers. One important benefit of being an officer is the non-contributory retirement annuity you will get when you retire from the Army Reserve. To find out more, simply call the number below.

ARMY RESERVE.
BE ALL YOU CAN BE.

Call Collect 313-559-8340
Maj. Kenneth Kazmierkiewicz

Lady Killer
Great American Smokeout/Nov. 19
AMERICAN CANCER SOCIETY

GIVE SMOKING A KICK IN THE BUTT.
Great American Smokeout / Nov 19
AMERICAN CANCER SOCIETY®

NEW MEMBERS/Continued

Patricia L. Lamb, MD — EM/IM
104 Francis Street
Jackson 49201

Lee C. Laney, Jr., MD — GE/IM
2943 Leslie
Detroit 48238

Morris Levin, MD — N
3120 Professional Drive
Ann Arbor 48104

Lawrence J. Lipnik, MD — IM
23121 Bittersweet Lane
Southfield 48034

Nansen Liu, MD — PD/END
1777 Axtell Road
Troy 48084

Deborah J. Longley, MD — IM
1001 Medical Park, SE #214
Grand Rapids 49506

Jeffrey L. R. Lukas, MD — FP
22151 Moross Rd. #334
Detroit 48236

Ali S. Makki, MD — IM
39195 Polo Club Dr. #105
Farmington Hills 48024

John R. Mance, MD — OBG
439 S. Parker
Marine City 48039

Malcolm W. Marks, MD — PS
1500 E. Medical Center Dr.
Ann Arbor 48109

Jesus A. Martinez, MD — OBG
4727 St. Antoine #409
Detroit 48201

Mark S. McCormick, MD— IM/GE
252 E. Lovell 2065N
Kalamazoo 49007

Darlene Miller, MD — IM
20515 Moross
Detroit 48224

Jack G. Modell, MD — P
3560 Burbank Drive
Ann Arbor 48105

Michelle E. Morouse, MD — PD
27300 Franklin #423
Southfield 48034

Donald B. Muir, MD — FP
27406 Ursuline
St. Clair Shores 48081

Michael L. Netzloff, MD— P/PDE
B-240 Life Sciences Bldg. MSU
East Lansing 48824

Edward E. Newcomb, MD — FP
724 Park Avenue
Charlevoix 49720

Francis O. C. Nwankwo, MD — PD/GP
4167 Chester Dr. #211
Ypsilanti 48197

Richard P. O'Connor, Jr., MD — IM/NEP
200 Jefferson, SE
Grand Rapids 49503

Thomas J. O'Keefe, MD — ORS
3115 Professional Dr.
Ann Arbor 48104

Robert B. Page, MD — PD
5082 Lover's Lane
Portage 49002

Edgardo G. Paguio, MD — R
G-3239 Beecher Rd. Ste. F
Flint 48504

Dean D. Paulsen, MD — OBG
31 Thorpe
Pontiac 48053

Holly A. Perkins, MD — P/CHP
1000 E. Paris, SE #219
Grand Rapids 49506

Randy J. Plonka, MD — IM
1322 N. River Rd.
St. Clair 48079

J. Michael Powers, MD — AN
69 E. Emmett
Battle Creek 49017

Continued on page 644

TAKE THE HEADACHE OUT OF YOUR PRACTICE!

℞ *MICHIGAN HEALTH BILLING & COLLECTION SERVICE*

We are a company dealing exclusively with physician's billing and collection

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING & COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

We're on call for you

1-800-962-3555

Introducing *M-LINE*, a toll-free special connection for community physicians who need access to the U-M Medical Center.

M-LINE will give you an immediate doctor-to-doctor link to our physicians for consultation or to inquire about patient referrals and clinical and laboratory services. A specially-trained physician service representative will take your call and connect you with the U-M physicians you need.

Next time you want a consult, call M-LINE. It's as easy as *1-800-962-3555.*

M LINE

University of Michigan Medical Center

NEW MEMBERS/Continued

Andres G. Resto, MD — PS/GS
1201 Stone St. #6
Port Huron 48060

Dennis A. Roman, MD — CLP
16313 Benmar Drive
Roseville 48066

Richard J. Sharon, MD — IM
25599 Kelly Rd. Ste. A
Roseville 48066

Susan J. Smith, MD — IM
2419 Mackinaw
Saginaw 48602

KATHARINE S. BROWN
Vice President
Prescott
Ball & Turben
4700 South Hagadorn
Suite 100
East Lansing, MI 48823
(517) 351-6084

. . . Specializing in Pension and Profit Sharing Investments . . . Tax-Free Bonds . . . All Stock . . .

Steven P. Soper, MD — PTH
1521 Gull Rd.
Kalamazoo 49001

Karen B. Traber, MD — AN
1261 Island Drive #102
Ann Arbor 48105

Marilyn M. P. Tsao, MD — IM
2254 Belmont
Ann Arbor 48104

Michael H. Turner, MD — IM
18101 Oakwood Blvd.
Dearborn 48124

Aris Q. Urbanes, MD — IM
4201 St. Antoine
Detroit 48201

PHYSICIANS NEEDED

Southwest Medical Associates, Nevada's oldest and largest multi-specialty group, has immediate full time career positions in Family Practice, Internal Medicine, Endocrinology, Cardiology and Occupational Medicine. Positions offer excellent compensation and benefits plus pension and profit sharing. Malpractice and relocation expenses included. Interested M.D. or D.O. should apply with CV to:

Joan Hill, Administrator
Southwest Medical Associates
P.O. Box 15645
Las Vegas, Nevada 89114-5645

Lorri P. Vander Roest, MD — PD
3118 Bluett
Ann Arbor 48105

Ramachandra R. Vemuri, MD — CD/IM
13774 Fort Street
Southgate 48195

Robert P. Vermaire, MD — FP
325 Briarwood Circle
Ann Arbor 48108

Sherry L. Viola, MD — PM
3535 W. 13 Mile Rd. #703
Royal Oak 48072

John A. Waters, MD — OPH
935 N. Michigan Ave.
Saginaw 48602

Toufic K. Wehbe, MD — OBG
35 S. Johnson 3-C
Pontiac 48053

Cynthia A. Wilberding, MD— IM
222 McMillan Rd.
Grosse Pte. 48236

Michael P. Wiznak, DO — GP
5916 Braemoor Trail
Birmingham 48010

Kyle K. Wold, MD — IM
2432 Twin Lakes
Ypsilanti 48197

Barbara N. Wynn, MD — EM
222 Rexford, SE
Grand Rapids 49506

Mohamed S. Yassin, MD — PD
One Hurley Plaza Dept./Ped.
Flint 48502

Mohammad Yusaf, MD — AN/PD
20690 Maplewood
Riverview 48192

David M. Zelenski, MD — OBG
20268 Roscommon
Harper Woods 48225 ☐

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a contact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

October

2-4, 15th Annual Medical Meeting: Feeling Pain, Feeling Fit. Location: Boyne Highlands, Harbor Springs. **Sponsor:** Burns Clinic Medical Center, PC. **Contact:** Allen Damschroder, MD, Chairman, Education Committee, Burns Clinic, Petoskey 49770 (616)348-4500. **Approved for:** 18 hours of Category I Credit.

8-9, Health Care Issues for Women with Diabetes. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Michigan Diabetes Research and Training Center, and Michigan Affiliate, American Diabetes Association. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 12 hours Category I Credit.

9, 17th Annual Cardiology Symposium: Rationale for Emergency Intervention in Acute Myocardial Infarction. Location: Kalamazoo Center Hilton Inn. **Sponsor:** Southwestern Michigan Area Health Education Center, Michigan Academy of Family Physicians, Borgess Cardiovascular Services. **Contact:** Sharon Nocera, Borgess Cardiovascular Services, 1521 Gull Road, Kalamazoo 49001 (616)383-5930. **Approved for:** 6.25 hours Category I Credit.

9-11, 38th Annual Meeting, Michigan Chapter American Academy of Pediatrics. Location: Grand Traverse Resort Complex, Traverse City. **Sponsor:** Michigan Chapter American Academy of Pediatrics. **Contact:** John H. Romanik, MD, Co-Chairman, 39500 West Ten Mile Road, Novi 48050 (313)478-8040. **Approved for:** 7 hours Category I Credit.

12-14, Industrial Problems of the Upper Extremity in the US and Canada. Location: Ann Arbor. **Sponsor:** American Society for Surgery of the Hand. **Contact:** Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313)755-4588. **Approved for:** 18 hours Category I Credit.

15, Multiple Sclerosis: Symptom Management. Location: Fetzer Center, Western Michigan University, Kalamazoo. **Sponsor:** Borgess Medical Center, the National Multiple Sclerosis Society, Michigan Chapter Inc., South Central Branch, and the Western Michigan Univesity Center for Human Services. **Contact:** Lewis Tysman, Borgess Medical Center, Kalamazoo (616)383-4878. **Approved for:** 6 hours Category I Credit.

15-16, Practical Neonatal Neurology. Location: The Towsley Center, The University of Michigan, Ann Arbor. **Sponsor:** The Office of Continuing Medical Education of the Univesity of Michigan Medical School. **Contact:** Betty Phillips, Office of Continuing Medical Education, Towsley Center, Box 0201, Ann Arbor 48109-0201, (313)763-1400. **Approved for:** 12.5 hours Category I Credit.

15-17, Current Frontiers in Chest Radiology. Location: The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Radiology. **Contact:** Debbie DeSmyther, The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 14.5 hours Category I Credit.

19-20, Laser Medicine and Surgery: The Respiratory Tract. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School and The Food and Drug Administration Center for Devices and Radiological Health. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 16 hours Category I Credit.

21, Laser Medicine and Surgery: Symposium and "Hands-On" Workshop for Gynecologists. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Obstetrics and Gynecology and The Food and Drug Administration Center for Devices and Radiological Health. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 8 hours Category I Credit.

21, Thyroid Update. Location: Saint John Hospital, 22101 Moross Road, Detroit. **Sponsor:** The Continuing Medical Education Committee of Saint John Hospital. **Contact:** Mary Ann Richards, Program Coordinator, Continuing Medical Education, Saint John Hospital, 22101 Moross Road, Detroit 28236 (313) 343-4000. **Approved for:** 7 hours Category I Credit.

22, Laser Medicine and Surgery: Symposium and "Hands-On" Workshop for Urologists. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Surgery and The Food and Drug Administration Center for Devices and Radiological Health. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 18 hours Category I Credit.

28, Fourth Annual Conference on Alcoholism and other Drug Dependencies. Location: Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Kalamazoo Alcohol and Drug Abuse Center, Southwestern Michigan Area Health Education Center. **Contact:** Deb Willoughby, SMAHEC, 4th Floor Stryker Center, 1521 Gull Road, Kalamazoo 49001 (616)383-6360. **Approved for:** 6 hours Category I Credit.

29-30, Critical Clinical Issues in the Care of the Elderly: Illness Prevention and Early Detection. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Division of Geriatric Medicine, De-

Continued on next page

What Every Physician's Spouse Should Know

A series of booklets on topics of special interest to medical families published by the American Medical Association Auxiliary

SURVIVAL TIPS FOR RESIDENT PHYSICIAN/ MEDICAL STUDENT SPOUSES
IMPAIRMENT
PROFESSIONAL LIABILITY
RETIREMENT AND ESTATE PLANNING
MARRIAGE

Professional Liability
- Scope of problem
- Legal process
- Coping

Impairment
- Causes
- Impact on family
- Getting help

Survival Tips for Resident Physician/ Medical Student Spouses
- Marriage in the training years
- Stress
- Finances

Marriage
- Who players are
- Special concerns
- Stages of medical career

Retirement and Estate Planning
- Making retirement years fulfilling
- Providing for the family's future

MAIL ORDER FORM TO:
American Medical Association Auxiliary, Inc.
535 N. Dearborn St., Chicago, IL 60610

Please send me the following publications in the series on ***What Every Physician's Spouse Should Know:***

# of copies
___Impairment
___Professional Liability
___Survival Tips for Resident Physician/ Medical Student Spouses
___Marriage
___Retirement and Estate Planning **(AVAILABLE FEB. 1, 1987)**

Each booklet is $3 per copy for AMA Auxiliary members and $5 per copy for non-members

Enclosed is my check in the amount of $___________ made payable to the AMA Auxiliary. Check must accompany order form

NAME ___________
ADDRESS ___________
CITY/STATE/ZIP ___________
TELEPHONE (   ) ___________

CME/Continued

partment of Internal Medicine, Veterans Administration Medical Center and Institute of Gerontology. Contact: Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 12.5 hours Category I Credit.

29-30, **Urology Update: 1987. Location:** Sheraton Oaks Hotel, Novi. **Sponsor:** William Beaumont Hospital, Department of Urology, Royal Oak. **Contact:** Ananias C. Diokno, MD, Chief, Department of Urology, William Beaumont Hospital, Royal Oak 48072 (313) 288-7960. **Approved for:** 16 hours Category I Credit.

30-11/3, **Tutorial on Level II Craniosacral Techniques. Location:** Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Credit.

November

5-7, **Advanced Cardiac Life Support (Provider & Recertification) Course. Location:** Gilmore Center of Health Education Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Bronson Life Support Services and Southwestern Michigan Area Health Education Center. **Contact:** Cyndi Kochevar-Bouma, Bronson Life Support Services, Bronson Methodist Hospital, 252 E. Lovell Street, Kalamazoo 49007 (616)383-7576. **Approved for:** Category I Credit: 20 credits for ACLS and 6 credits for BCLS; Recertification-4 credits for ACLS and 5 for BCLS.

6-7, **35th Annual Detroit Trauma Symposium. Location:** Kresge Auditorium, Harper Hospital, 3990 John R, Detroit 48201. **Sponsor:** Wayne State University, Department of Surgery, Detroit. **Contact:** Marjorie Norum, Department of Surgery, Harper Hospital, Detroit 48201 (313)745-2345. **Approved for:** 9 hours Category I Credit.

7, **Thirteenth Annual Symposium: Insight and the Analytic Relationship. Location:** Michigan Inn, Southfield. **Sponsor:** The Michigan Psychoanalytic Society. **Contact:** Robert Hatcher, PhD, The Michigan Psychoanalytic Society, 16310 West Twelve Mile Road, Suite 204, Southfield 48076 (313)557-8633. **Approved for:** 6 hours Category I Credit.

10, **The Case for Prostate Ultrasound. Location:** Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Southwestern Michigan Area Health Education Center, Acuson Computed Sonography, Bronson Ultrasound Department. **Contact:** Shari Smith, RDMS, Ultrasound Department, Bronson Methodist Hospital, 252 E. Lovell, Kalamazoo 49007 (616)383-6380. **Approved for:** 2 hours Category I Credit.

10-12, **1987 MSMS Annual Scientific Meeting. Location:** Hyatt Regency Dearborn. **Sponsor:** MSMS and cooperating specialty societies, sections, medical school departments and hospitals. **Contact:** Sherry L. Fent, Chief, Physician Education, MSMS, P.O. Box 950, East Lansing, 48826-0950 (517)337-1351. **Approved for:** a maximum of 18 Category I Credit hours for the three day conference.

18, **Hospital/Medical Staff Leadership Seminar: Strategies for Effective Leadership. Location:** Sheraton-Oaks, Novi. **Sponsor:** Michigan State Medical Society, Wayne County Medical Society, Michigan Hospital Association, Southeastern Michigan Hospital Council. **Contact:** Deborah Zannoth, Assistant, Medical Economics, MSMS, PO Box 950, East Lansing 48826-0950 (517)337-1351. **Approved for:** 5 hours Category I Credit.

20-22, **Tutorial on Manual Medicine Techniques Applied to the Extremities. Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 24 hours Category I Credit.

30-12/3, **Advanced Cardiac Life Support Provider Course. (November 30 and December 2 Recertification Course—8 Category I Credits—4 for BCLS and 4 for ACLS). Location:** Borgess Medical Center, Kalamazoo. **Sponsor:** Southwestern Michigan Area Health Center, Staff and Patient Education Department. **Contact:** Claire A. Zieman, Staff and Patient Education, Borgess Medical Center, 1521 Gull Road, Kalamazoo 49001 (616)383-8320. **Approved for:** 25 Category I Credits (4 for BCLS and 21 for ACLS).

MSMS MEETINGS

October

20, County Medical Society Executives Meeting, MSMS headquarters, East Lansing, contact: Kevin Kelly, MSMS headquarters (517) 337-1351.

21, 1987 Public Affairs Leadership Conference, Clarion Hotel and Conference Center, Lansing, contact: Sherry Wellman, MSMS headquarters (517)337-1351.

November

18, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

AMA MEETINGS

December

6-9, AMA Interim Meeting, Marriott, Atlanta, GA, contact: AMA (312)645-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

October

1, American Lung Association of Michigan, State of the Art—Pulmonary Medicine 1987, Amway Grand Plaza Hotel, Grand Rapids, contact: Ted Beiderwieden, American Lung Association of Michigan, 403 Seymour Avenue, Lansing 48933-1179 (517)484-4541.

2, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

10, Comments on the Structural Theory of Technique, Michigan Psychoanalytic Society, contact: Shirley Seffinger, 16310 W. 12 Mile Road, Southfield 48076 (313)559-5855.

November

6, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

December

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

NATIONAL SPECIALTY SOCIETIES

October

8-11, American Society of Internal Medicine Annual Meeting, Atlanta, contact: Joseph P. Boyle, MD, 1101 Vermont Avenue, NW, Suite 500, Washington, DC 20005 (202) 289-1700.

10-14, American Society of Anesthesiologists Annual Meeting, Atlanta, contact: John W. Andes, Executive Secretary, 515 Busse Highway, Park Ridge, IL 60068 (312) 825-5586.

11-16, American College of Surgeons Annual Meeting, San Francisco, contact: Paul A. Ebert, MD, Director, 55 E. Erie Street, Chicago, IL 60611 (312)664-4050.

12-14, American Society for Surgery of the Hand, Industrial Problems of the Upper Extremity in the U.S and Canada, Ann Arbor, contact: Kathie File, American Society for Surgery of the Hand, 3025 South Parker Road, Suite 65, Aurora, Colorado 80014 (313)755-4588.

17-18, American Academy of Otolaryngic Allergy Annual Meeting, Chicago, contact: Sandra L.

Continued on next page

NEW MEMBERS

NATIONAL/Continued

May, Executive Director, 1101 Vermont Avenue, NW, Suite 302, Washington, DC 20005 (202)682-0456.

18-25, American Congress of Rehabilitation Medicine's 64th Annual Session and the American Academy of Physical Medicine and Rehabilitation's 49th Annual Assembly, Marriott World Center Resort, Orlando, FL, contact: Connie Van Brunt McMillan, Director, Marketing Communications (312)922-9366.

24-30, American Society of Clinical Pathologists Annual Meeting, New Orleans, contact: Robert A. Dietrich, MD, 2100 W. Harrison Street, Chicago, IL 60612 (312) 738-1336.

31-11/4, American Academy of Pediatrics Annual Meeting, New Orleans, contact: James E. Strain, MD, Executive Director, 141 Northwest Point Road, P.O. Box 927, Elk Grove Village, IL 60007 (312)288-5005.

November

2-5, American College of Emergency Physicians Annual Meeting, San Francisco, contact: Colin C. Rorrie, Jr., PhD, Executive Director, P.O. Box 619911, Dallas TX 75261-9911 (214)550-0911.

8-13, American Society of Plastic and Reconstructive Surgery Annual Meeting, Atlanta, contact: Thomas R. Schedler, Executive Director, 233 N. Michigan Avenue, Suite 1900, Chicago, IL 60601 (312)856-1818.

OTHER MEETINGS

November

16-18, Challenge 150: Michigan Civil Rights Commission Fall Conference, Lansing, contact: Lois McCullen, Michigan Department of Civil Rights, Lansing Executive Office, 303 W. Kalamazoo, Lansing 48913 (517)334-6079.

NEED PHYSICIANS?

CONTACT:
Physician Placement Service
Michigan Health Council
1305 Abbott Road, Suite 106
East Lansing, MI 48823
(517) 337-1615

The Michigan Health Council assists communities in their efforts to recruit physicians to practice in their area.

CLASSIFIED

The rate for each classified advertisement in *Michigan Medicine* is 40¢ per word, with a minimum charge of $20.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

MEDICAL DIRECTOR (MD/DO) Occupational Health Service. St. Lawrence Hospital, a division of Sisters of Mercy Health Corporation, is seeking a full time medical director with good clinical, administrative and community relations skills. This position has been newly created in order to meet the expanding need for occupational health services in our market. The individual will have the opportunity to build and direct an occupational health service in order to meet business and industry needs. The individual preferred will be board certified/board eligible in occupational medicine, or have practiced occupational medicine, family medicine or emergency medicine, two to five years. Competitive salary plus incentive, paid malpractice, health/dental insurance, retirement plans, etc. Send resume and salary history in confidence to: Tom Haselschwerdt, Administrative Director, Outpatient Clinics, St. Lawrence Hospital and Healthcare Services, 1210 W. Saginaw, Lansing 48915, (517)377-0592.

CYTOTECHNOLOGIST WANTED to screen cytology specimens for cancer and other human diseases by staining, mounting and studying cells under a microscope, assess and report the presence, nature and extent of a typical or malignant changes; and participate in seminars to keep abreast of new techniques; requires two years experience and registered Cytotechnologist with the American Society of Clinical Pathologists; $30,800.00 per year; 40 hours per week. Send resume to 7310 Woodward Avenue, Room 415, Detroit 48202. Ref. -43287. "Employer Paid Ad"

SUBURBAN DETROIT Lucrative dermatology opportunity. Five centers all located in exclusive suburban settings. Seeking additional dermatologist. Excellent compensation package including incentives. Contact: Jean Malkasian, 250 Regency Ct., Waukesha, WI 53186, (414)785-6500 collect.

FULL TIME, PART TIME AND LOCUM TENENS GPs, PPS and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to, or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City 48708, (517)892-1199.

OBSTETRICIAN/GYNECOLOGIST—Marshfield Clinic is seeking a board certified or eligible obstetrician/gynecologist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250-physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Or you may call collect at (715)387-5498.

GENERAL INTERNAL MEDICINE Marshfield Clinic is seeking a board certified or eligible general internist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The center currently includes three internists. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250 physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Or you may call collect at (715)387-5498.

FAMILY PRACTICE PHYSICIAN BC/BE: wanted to join busy four man group in beautiful northeastern Michigan on Lake Huron. City/township population of 22,000, service area population 64,000. Exceptional summer and winter recreation are: sailing, scuba diving, boating, fishing, hunting, skiing, golf. Excellent opportunity, salary, benefits, partnership after one year. Contact: William Ray, Director, Medical Arts Clinic, PC, 211 Long Rapids Road, Alpena 49707. (517)354-2142.

INLAND SEACOAST—BEAUTIFUL NORTHERN MICHIGAN Seeking six family physicians to help staff our satellites in St. Ignance, Rogers City, and Sault Ste. Marie, Michigan. The friendliness and safety of a small town are combined with the full membership benefits of partnership in the largest physician-owned group practices in Michigan. Local hospitals in each city, and instant access when needed to the 90-member, multi-specialty Burns Clinic Medical Center in Petoskey. Good schools and churches. Unexcelled hunting, fishing, skiing, and golf. Guaranteed excellent starting salary, all insurances, and unique full benefits including retirement and profit sharing programs. Send CV to or contact Richard Wakulat, MD, Burns Clinic Medical Center, PC, 560 West Mitchell, Petoskey 49770 (616)348-2360.

WE ARE SEEKING A QUALIFIED PHYSICIAN with Michigan licensure to provide general medical care at this 140 bed psychiatric facility located in the beautiful Grand Traverse area, Michigan's foremost summer and winter wonderland. An adjacent 350 bed general hospital provides a full range of consulting staff and full CME opportunities. Traverse City Regional Psychiatric Hospital is an equal opportunity employer that offers equitable starting salary and excellent fringe benefits in an attractive setting on a scheduled basis. Traverse City is an active community offering outstanding opportunities for professional and cultural growth, civic involvement and family development. Interested physicians are asked to contact G. Robert Miller, MD, Clinical Director, Traverse City Regional Psychiatric Hospital, Box C, Traverse City 49684. Phone: (616) 922-5282.

FAMILY PRACTITIONER OR INTERNIST willing to do Family Practice needed. If interested contact: Caro Family Physicians, 206 Montague, Caro 48723. Phone (517)673-2105.

MICHIGAN STATE UNIVERSITY FAMILY PRACTICE faculty position (full year, full time, temporary) available at the Assistant/Associate Professor level in the Department of Family Practice, College of Human Medicine. Applicant must have MD/DO, be residency trained and be Board eligible/certified. Major responsibilities include patient care including obstetrics, teaching medical students and residents and research. Women and minorities meeting the above qualifications are encouraged to apply. Send curriculum vitae to James G. O'Brien, MD, Recruitment Committee Chairperson, Department of Family Practice, B100 Clinical Center, Michigan State University, East Lansing 48824.

MICHIGAN, GROSSE POINTE Full time ED position in new hospital emergency department. Prefer board certified/prepared physician in EM or primary specialty. Faculty affiliation with emergency medicine residency. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

MONROE, MICHIGAN Seeking full time emergency department physicians for 193 bed hospital located 30 miles south of Detroit. Approximately 23,000 patients seen annually. Must be Board eligible or Board certified in primary specialty or emergency medicine. Excellent compensation and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

Continued on next page

CLASSIFIED/Continued

NORTHWESTERN LOWER PENINSULA Attractive full and part time emergency department positions available in various locations. Malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

FAMILY PRACTICE, SOUTHWESTERN MICHIGAN Well established physician seeking partner to share in full scope of family medicine including obstetrics and pediatrics. Serving area 150,000. Full ICU, CCU privileges in 332-bed hospital. Candidate must be board certifiable or certified. Compensation to include guarantee plus benefits. Please reply to Box 108, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

GENERAL SURGEON FOR WEST MICHIGAN. Immediate opening. Nice area with well equipped hospital. Please reply to Box 109, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

GREENFIELD MEDICAL CENTER, GREENFIELD, INDIANA Would like OB/GYN practicing physician. City of Greenfield presently without OB/GYN; Greenfield population 11,000; excellent location, close to Hancock County Memorial Hospital, offering re-location incentives. Call (317)842-8400, Debbie Owens.

MICHIGAN-LICENSED PHYSICIAN WANTED for clinical work only in beautiful Detroit suburb of Birmingham. Treatment of varicose veins using injection-compression sclerophiloboplasty. No specialty required. No weekend or evening hours. Send CV to: Vein Clinics of America—Michigan Branch, 30600 N. Telegraph Road, Suite 2221, Birmingham 48010. Phone (313)642-0210.

FAMILY PRACTITIONER WITH OBSTETRICAL EXPERIENCE A six person Family Practice Group in a lively small Eastern Washington community is in need of an experienced family physician with broad obstetrical experience. Two older physicians in the group have stopped obstetrics and the load is too heavy for the remaining physicians. Good pay. Excellent call schedule. Unlimited recreational pursuits available. This practice is part of the U of W Medical School teaching program and if you are thinking of a change, this is an excellent opportunity. Contact Lyle J. Cowan, MD, Rt. 3, Box 25, Omak, Washington 98841.

FAMILY PRACTICE/INTERNAL MEDICINE An immediate care center in affluent suburb of Detroit seeking board certified or certifiable physician. Structured hours. Affiliated with 500-bed acute care medical center where all specialties are represented. Full hospital privileges available. Compensation guaranteed, includes productivity plus benefits. Please reply to Box 107, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

INTERNIST, OB/GYN AND GENERAL PRACTICE PHYSICIANS: Immediate opening in a busy established practice, located in the thumb of Michigan, about 100 miles from Detroit. Excellent schools, comfortable lifestyle with many opportunities for outdoor recreation. Competitive salary with all practice expenses paid, plus fringe benefits. Shareholder status available after first year. Reply to: Pigeon Clinic, PC, 7293 Michigan Avenue, Pigeon 48755 or call (517)453-3221.

ORTHOPEDIC SURGERY opportunities throughout the Midwest and Colorado. These positions offer both general orthopedic practices, along with subspecialized training. Partnership and group settings. Contact: Jean Malkasian, 250 Regency Ct., Waukesha, WI 53186, (414)785-6500 (collect).

FAMILY PRACTITIONER full time community Health Center needed to start August 1987, but would consider later availability. Salary, perks, negotiable. Send CV to: C. W. Aldridge, MD, Medical Director, Neighborhood Health Services, 550 Cherry SE, Grand Rapids 49503. Phone (616) 454-5212.

HENRY FORD MEDICAL CENTER—FAIRLANE'S expanding full service medical emergency room seeking additional emergency room physician. 1986 volume 47,000. Must know pediatrics, ACLS and ATLS certified. Send CV to: Michael E. Somand, MD, Medical Director, Henry Ford Medical Center, 19401 Hubbard Drive, Dearborn 48126.

ANESTHESIOLOGISTS WANTED to join Central Wisconsin Anesthesiology, SC which consists of four established, hospital-based anesthesiologists. All specialities are served including open heart, neuro, obstetrics, and gynecology. If interested, phone (715)845-5505 or write to: Central Wisconsin Anesthesiology, SC, 425 Pine Ridge Boulevard, Suite 207, Wausau, WI 54401.

IMMEDIATE OPENING FOR: Family Practitioner or Internist. Full or part time. Maybe semi-retired for physicians office in the Southfield, Lathrup area. Call Richard Corey, Administrator (313)557-5155.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/GYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well equipped 77 bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

MISCELLANEOUS

HOLTER MONITOR— Quality scanning for reel or cassette records by a company in the medical field for over twenty years. quality reports by qualified techanicians and certified cardiologists returned in 24 hours. Recorders loaned, leased or purchase new dual channel holter recorder, $995, with one year warranty. For further information call Advance Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new dual channel (cassette) recorder for as little as $48.00 per month. $35.00 for reports. DCG Interpretation. (313)879-8860.

LEASE HOLTER RECORDERS or other medical equipment. Medical Leasing Company. (313)879-8860.

PHYSICIAN SIGNATURE LOANS TO $50,000. Up to 7 years to repay. No prepayment penalties. Prompt, courteous service. Competitive fixed rate. Physicians Service Association, Atlanta, GA. Toll-free (800)241-6905.

SOLO GYNECOLOGY PRACTICE FOR SALE. This solo gynecology practice has done no obstetrics for ten years. In the past six years (1981 through 1986) actual business was 2.72 million dollars and actual money collected was 2.49 million dollars. Mid Michigan community with excellent hospital (one), schools, parks, churches, colleges and golf courses. Ann Arbor and East Lansing are nearby. An experienced and superbly qualified team (certified registered nurse practitioner, registered nurse, master word processor and a receptionist) is willing to stay on. Owner will transmit clinical skills and introduce buyer to patients. Please reply to Box 101, Michigan Medicine, PO Box 950, East Lansing 49926-0950.

FOR SALE: INTERNAL MEDICINE PRACTICE located in prosperous community within easy travel of Flint, Detroit, Ann Arbor, Lansing. Patient mixture comprised of 75 percent female. Sale of practice to include all office equipment. Write: ICDA, PO Box 6366, Saginaw 8608 or call Linkage Enterprises (517)799-0125 and ask for Mr. Ferris Finerty.

APPRAISAL SERVICE FOR THE PROFESSIONAL. Medical and office equipment for physicians offices, nursing homes, hospitals and clinics. 20 years experience. Business valuations also available. No sales. Call or write Schrader Companies, 1108 S. Water, PO Box 3205, Saginaw 48605. (517) 752-0800.

50% OFF PREVIOUSLY OWNED MEDICAL laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Medical Equipment Resale and Repair Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

DISCOUNT HOLTER SCANNING SERVICE Scanning starts at $35.00. Spacelab Holters available at $1,275.00. Turn over time is 24-48 hours. Hook up kits available at $4.95. Stress test electrodes available at $.29. Scanning paper available at $18.95. One free test is offered at no obligation on trial basis. Blood pressure monitoring service will be available in eight weeks and our prices start at $75.00 per test. Write S. Diwani, MD, PO Box 1528, La Plata, MD 20646.

APPRAISALS AVAILABLE by Certified Surgical Consultant; practice sales, retirement, taxes, inventory, divorces. Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

HIGH GROSSING FAMILY PRACTICE FOR SALE in sunny Florida. Enjoy a traditional practice with rural benefits without metropolitan congestion. We also have family practices for sale in 11 other states. Take a moment and call today for more information. Jackson and Coker, (404)393-1210, Bob Kinberger.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback nursing homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group, Inc., (313)548-9900.

OB/GYN PRACTICE: Macomb County. Surgical Practice: Royal Oak. Two Psychiatric Practices: St. Clair Shores and Grand Blanc. Gastroenterology Practice: N. Oakland County. Womens Clinic: Detroit. Internal Medicine: Mason County. For more information call Lydia Sikora, Commonwealth Health Care Group, Inc. (313)548-9900.

PEDIATRICS—SOUTHFIELD, MI Modern office located in Professional Building near large shopping centers—Grossing over $324,000. New patients 10-15 per month—smooth transition. Great opportunity. Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

GENERAL—OAK PARK, MI Well equipped—well established ideal starter/merger opportunity. Close to expressway—great location. Doctor leaving state. Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

GENERAL—LINCOLN PARK, MI Pay for practice out of profits—Favorable residential area—modern—neat—well organized and qualified equipment—solid patient load. Net $80,000. Plus fringes. Doctor leaving state. Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

GENERAL—30 MINUTES NORTH OF GRAND RAPIDS Two office location. Minimal competition. Excellent opportunity—Terms! Terms! Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

FAMILY PRACTICE—ROCHESTER, MI Grossing $180,000 could accommodate two doctors—well equipped—neat—well organized—stable patient load-growth potential. Fabulous location in the heart of an upbeat community. Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

WE ARE THE EXPERTS in buying, selling, evaluating, marketing, negotiating, arrange financing, smooth transition, and phase-in/phase-out programs. Please Call Herbert Silverman, Associate Broker, (313)569-7336, Professional Practice Sales, Inc., 27208 Southfield, Lathrup Village 48076. All inquiries confidential!

CARDIOLOGY Practice for sale—cardiology major, internal medicine minor. Affluent suburban practice. Will stay for transition period. (313)647-7272. Please respond to Box 109, Michigan Medicine, PO Box 950, East Lansing 49923-0950.

1988 CME CRUISE/CONFERENCES ON MEDICO-LEGAL ISSUES and Risk Management—Caribbean, Mexico, Alaska, China/Orient, Europe, New England/Canada, Trans Panama Canal, South Pacific. Approved for 24-28 CME Cat. 1 Credits (AMA/PRA) and AAFP prescribed credits. Distinguished lectures. Excellent group rates on finest ships. Registration limited. Pre-scheduled in compliance with IRS requirements. Information: International Conferences, 189 Lodge Avenue, Huntington Station, NY 11746. (516)549-0869.

VACATION-HOME OPPORTUNITY Retired auto exec's year-around home for sale in exciting Schuss Mt.-Shanty Creek resort complex. Turnkey, superbly furnished. Immediate occupancy. Must sell situation forces price below market. Very creative financing options. Owner, (616)587-9241.

APPRAISALS AND EVALUATIONS We specialize in determining the value of practices for any purpose—sale, purchase, buy-in—buy-out. Financial planning, divorce, etc. We also specialize in partnership development and practice analysis. Protect your interests! Call Richard Corey, CMDC, Medical-Dental Management Consultants Corp., 31158 Perrys Crossing, Farmington Hills 48018, Day (313)661-0888, night (313)661-0404.

Thanks to our advertisers

Advance Med. Research	Pg. 619
AMA Auxiliary	Pg. 646
Ayerst	Pg. 593-596, 634-636
American Medical Writers	Pg. 608
Bennethum	Pg. 628
Blue Cross Blue Shield	Pg. 605
K. Brown	Pg. 644
Campbell Labs	Pg. 637
Ciba-Geigy	Pg. 601, 602
Family Practice Recert.	Pg. 625
Kent Co. Med. Soc.	Pg. 616
Kidder Peabody	Pg. 651
Lab Clinical Med.	Pg. 610
Eli Lilly	Pg. 624
Macomb Hosp.	Pg. 615
Marion Labs	Pg. 613, 614, 632-633
Medical Billing Service	Pg. 639
Medical Health Billing	Pg. 643
Michigan Bell	Pg. 611
Medic Computer Systems	Pg. 607
MediScene	Pg. 617
Michigan Health Council	Pg. 648
MPMLC	Pg. 609
MSMS Breast Cancer Brochure	Pg. 632
MSMS Patient Newsletter	Pg. 591
MSMS Program to Assist Impaired Physicians	Pg. 629
MSMS Public Affairs Leadership Conf.	IFC
PICOM	Pg. 621
Roche	IBC, BC
Sierra Health Services	Pg. 644
Stratton Cheeseman	Pg. 631
TransGlobal Tours	Pg. 618
U of M Labs	Pg. 620
U of M Medical Center	Pg. 643
University Microfilms	Pg. 602
Upjohn	Pg. 623
US Air Force	Pg. 627
US Army	Pg. 641

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST
Offering Retirement Plans:
- Goal & Risk Analysis
- Portfolio Management
- Ongoing Portfolio Evaluation

Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084

(313) 649-5700
(MI) 1-800-323-8073

- A full range investments firm, established 1865.

A tradition of excellence

By Carl A. Gagliardi, MD

Each year one of the highlights of our activities is the MSMS Annual Scientific Meeting. This year will be no exception and I am proud to promote this continuing medical education program.

Chairman Rudi Ansbacher, MD, and his Planning Committee members have continued the MSMS tradition of excellence in programming with this year's schedule of courses.

This issue of *Michigan Medicine* spotlights the 55 half-day Category I courses of the 1987 meeting and provides a registration form on page 582. The meeting is scheduled for November 10-12 at the Hyatt Regency Dearborn.

The MSMS Committee and staff are vigilant at every step in the planning to ensure that the Annual Scientific Meeting courses provide state-of-the-art science appealing to specialists and primary care physicians. They offer a large variety in both presenters and subjects which are interesting and well organized. They gather some of the finest Michigan and out-of-state speakers to share their knowledge and insight.

Medical schools hosts

Many extracurricular activities are scheduled to bring you, your colleagues, and spouses some social activity after the formal sessions are over. These activities include open houses sponsored by the medical schools at Michigan State University, the University of Michigan, and Wayne State University. There are excellent restaurants in the hotel and the surrounding area.

Doctor Gagliardi

Among the special events will be presentation of the 16 poster abstracts which will be on display all day Tuesday and Wednesday in the exhibit hall. The authors of the exhibits will be on hand to answer questions from 3:30-4:30 p.m. each of the two days and to discuss the significance of their studies.

As a Medical Educator myself, I can appreciate the scheduling problems, the efforts needed to shape courses into meaningful form, and the promotion needed to make a meeting a success. Wherever I go in my travels as your President I attend other groups' meetings. The more I attend, the more appreciative I am of the excellent planning behind MSMS meetings.

Our Committee and staff pay considerable attention to details and to giving a warm welcome to speakers, guests, and attendees. We hear it all the time from the out-of-state speakers at the Scientific Meeting. They praise us each year for the facilities, the set-up, the staff's enthusiasm and willing assistance, the prior arrangements so all they have to do is come in and prepare to speak. The careful attention produces results.

In 1986, 1,012 physicians participated in the Annual Scientific event; a number that has been maintained over the past four years of the meeting's history. All participants, including exhibitors and other non-physicians, totaled 1,411. MSMS awarded 7,287 Category I Credit hours to participants, who registered for a total of 2,429 courses. That is a tremendous accomplishment.

Opportunity to learn

There are many advantages to attending the MSMS Annual Scientific Meeting. Perhaps the greatest is the opportunity to learn in a variety of medical fields in a concentrated place and time. Furthermore, the Hyatt Regency is a pleasant, convenient setting, easy to get to, and offering easy, free parking. We also keep the registration fee as low as possible.

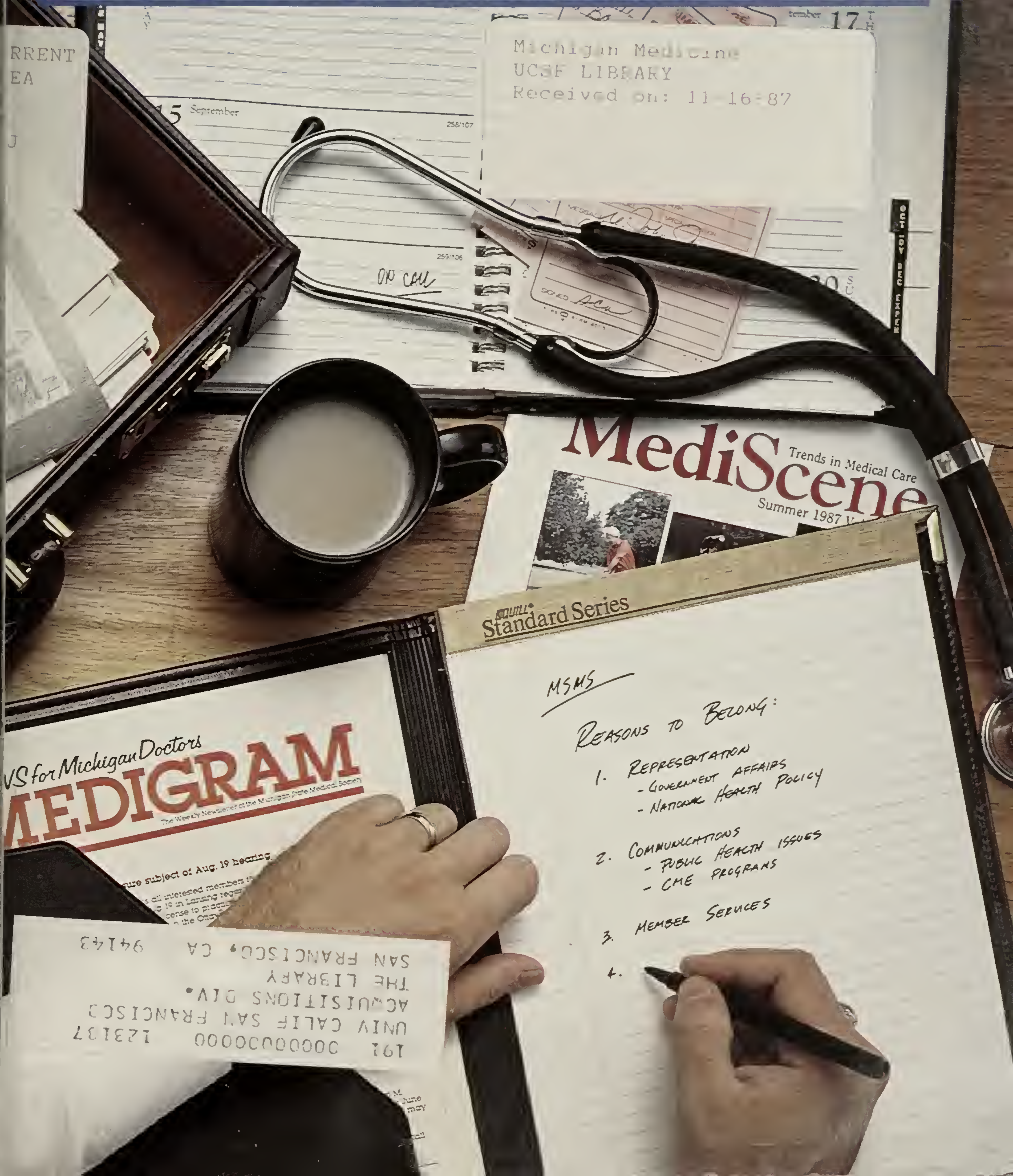
Check out the offerings in the front pages of this book, fill out and mail your registration form today. I'll look for you in November!

MICHIGAN MEDICINE

OCTOBER 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86 NO. 10

Michigan Medicine
UCSF LIBRARY
Received on: 11-16-87

RRENT
EA
J

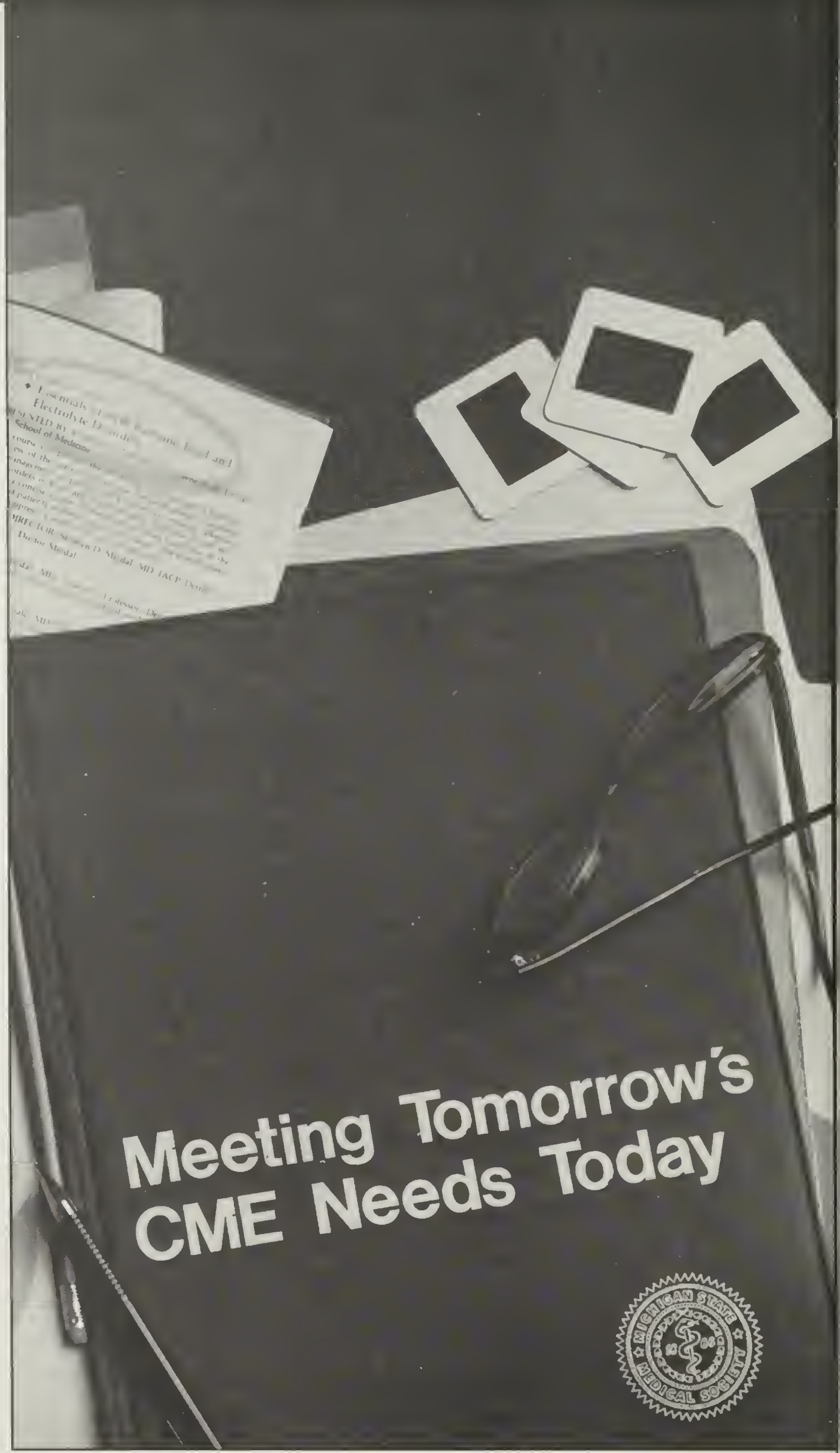

15 September
ON CALL
MediScene
Trends in Medical Care
Summer 1987
Standard Series
News for Michigan Doctors
MEDIGRAM
The Weekly Newsletter of the Michigan State Medical Society
MSMS
REASONS TO BELONG:
1. REPRESENTATION
- GOVERNMENT AFFAIRS
- NATIONAL HEALTH POLICY
2. COMMUNICATIONS
- PUBLIC HEALTH ISSUES
- CME PROGRAMS
3. MEMBER SERVICES
4.

191 0000000000 123137
UNIV CALIF SAN FRANCISCO
ACQUISITIONS DIV.
THE LIBRARY
SAN FRANCISCO, CA 94143

Meeting Tomorrow's CME Needs Today

MSMS offers you 55 half-day courses to choose from, and receive up to 18 hours of Category I credit toward Michigan relicensure requirements. Most also award AAFP prescribed credits for family physicians.

Among the special features this year are several courses attacking the problems of AIDS. In addition, other timely topics include spinal cord and head injuries, Alzheimer's disease, problems of deafness, suicide, exercise physiology and wellness, drug interactions, and magnetic resonance imaging. An alpha-omega series spanning the three-day meeting will examine orthopedic problems in youth, the middle-aged and the elderly.



1987 MSMS ANNUAL SCIENTIFIC MEETING
November 10, 11, & 12
Hyatt Regency, Dearborn

SSSHH!

CAN YOU KEEP A SECRET?

There's something very special about to happen in Michigan's medical community. Something big. Something important. And we can't let you in on it. *Yet.*

But get ready, because the news will be breaking real soon. News about an aggressive membership campaign that can help guarantee a stronger Michigan State Medical Society as we approach the 1990s and beyond.

A stronger MSMS that will work to secure favorable legislation, continue to promote valuable educational programs to the public, and continue to provide a wide range of valuable services for all members.

Psssssssst. It won't be long before we let everyone in on the secret. But if you can't wait, just send in the postage-paid postcard below.

YES, I want to help build a stronger MSMS in the 1990s and beyond. Please send me more information about the new 1988 membership campaign

Name ______________________________

Address ______________________________

City ______________________ Michigan Zip Code __________

County ______________________ MSMS member since 19______

Membership

THAT MATTERS

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 89 EAST LANSING, MICH.

POSTAGE WILL BE PAID BY ADDRESSEE

MICHIGAN STATE
MEDICAL SOCIETY

P.O. BOX 0950

EAST LANSING, MICHIGAN 48826-0950

M I C H I G A N
MEDICINE
October 1987 Vol. 86 No. 10

Special Report

Membership means involvement! That's the message of Cathy O. Blight, MD, chairman, MSMS Committee on Membership Recruitment and Retention. That's also the message of our special report this month, which begins with a letter from Doctor Blight. Do you have an interest in serving on an MSMS committee? The entire array of committees is presented in this report, with comments from several chairmen on the importance of involvement. You also can see where your membership dues go, and check out one of the fastest-growing and most active segments of MSMS membership — medical students. And if you would like to help a colleague join organized medicine, you are invited to share this issue of *Michigan Medicine* with him or her. 656

Features

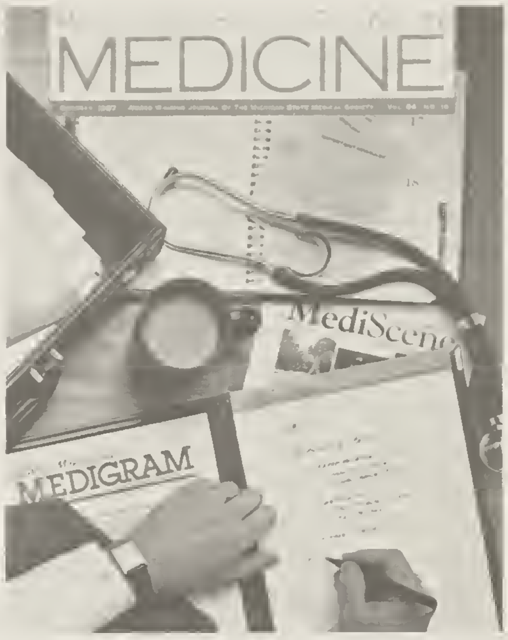
Links in MSMS membership
Component societies have close ties to MSMS through directors, staff 674

"I have a question. . ."
Whom to call at MSMS headquarters 676

Financial management
An IRA and Clifford Trust alternative —
By Richard L. Greene and William Weckesser 678

Michigan Board finishes first CME audit
Nearly every state physician meeting requirements —
By Thomas J. DeKornfeld, MD 708

MSMS informs media about AIDS
A photo feature 715



Departments

In my opinion
Ownership not the villain in laboratory overuse —
By John W. Hall, MD 654
Letters 655
Medical newsfronts 688
Physicians in the news 690
New members 698
Deaths 710
Category I courses 716
Meetings 718
Classified ads 719
Ad index 721
President's page
Membership, membership —
— By Carl A. Gagliardi, MD 722

Coming in next issue: A complete report on MSMS activities to further reform the medical liability situation in Michigan.

Cover photo by J. D. Small.

Labs: Ownership is not the villain

by John W. Hall, MD

A patient races into his physician's office. His color is ashen. He is weak and diaphoretic.

The office nurse rushes him into an exam room. His blood pressure is 90/40 and his pulse is rapid. His chest pain grows more severe by the minute. His physician quickly makes a clinical diagnosis: acute myocardial infarction.

The physician bends over the barely-conscious patient. In a strong and steady voice he states, "You need a stat EKG and urgent laboratory studies."

"But I have to disclose to you that I have a partial ownership of the laboratory facility. You have a right to a second opinion regarding my potential over-use of these facilities. Your HMO wants me to obtain their permission before authorizing any testing by this facility. You have a right . . ."

The incantation of these medical Miranda Rights goes on and on until the patient grabs his chest and dies.

This scenario is fantasy, but it could be fact. In Michigan, a physician may not direct or require any patient to go to another testing facility in which the physician has a financial interest. The attorney general's office has prosecuted Michigan physicians for doing so. Fines have been assessed.

It would help to define what "direct" or "require" means. Are they different than "refer" or "suggest?" Does disclosure of ownership offer any protection for physicians? If the physician and the laboratory are part of the same professional corporation, are they exempt from this law?

With the help of legal counsel and MSMS staff, Senate Bill 59 was introduced this year in an attempt to give physicians some guidelines. Unfortunately, it is unlikely that this bill will get out of committee. But is ownership really the problem?

Physicians have had financial arrangements with laboratory and x-ray facilities for years. In recent years, many free-standing facilities have been built with the financial help of physicians. The expense of modern technology makes joint venturing an attractive way to bring these facilities into a community.

The extent to which ancillary

Continued on page 707

Doctor Hall is a member of the MSMS Committee on Publications and of the MSMS Board of Directors.

Michigan State Medical Society
William E. Madigan,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Managing Editor
Betty J. McNerney

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Judy Marr and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Coleman optimistic

I read the article by Mr. Coleman on malpractice insurance in the August issue with considerable interest.

He stated in the article, "I was pleased that the rate increases for the two major insurances were 15 percent and 20 percent for 1987 as compared to the enormous increases of 50 percent and 70 percent for 1986."

This is a very disturbing statement. You may have to recognize that an increase of 50 percent on a policy with a base premium of $12,000 adds another $6,000 to the policy. However, a 20 percent raise on the new $18,000 policy adds another $3,600, which is quite significant.

Even if the increases are small in the future, since the increases are on the previously increased premiums, they can continue to increase the hardship on physicians.

At this point, we really should be seeing a decline in rates rather then any further increase, because the rates already are astronomical.

Krishna M. Jain, MD
Kalamazoo

Blues frustrating

I just completed reading Doctor Richard L. Rapport's article, "Keep singin' the Blues," in your most recent publication.

I have long been frustrated by the entire Blue Cross/Blue Shield system. It is without a doubt the most cumbersome, confusing, complicated system around. Coupling that with the ridiculously low rates paid and the poor service from field representatives and you have good cause to recommend to patients that they switch to *any* other plan with *any* other company as soon as one is offered. And they are switching!

I have long looked for someone to complain to, but the Blues are untouchable. I am very pleased that the consumers have finally touched them where it hurts—in the "loss of economies of scale" —I assume that means they are losing revenue!!

Wonderful. We have been losing money on our Blue Shield patients for a long time.

The following are a few of the reasons we do not participate in the Blues program any longer. Can you imagine...

- For a $58.00 procedure they pay $25.00?—Our loss is $33.00
- For a $250.00 procedure they pay $158.40?—Our loss is $91.60
- For a $357.00 procedure they pay $246.00?—Our loss is $111.00
- For a $1085.00 procedure they pay 707.00?—Our loss is $378.00

And the list could go on...

Let me applaud the efforts of anyone trying to improve these archaic conditions. It is a pleasure to see the Blues beginning to pay some attention. Now let's hope this goes beyond the "study" phase!

Avis Snyder
Medical Billing/Obstetrics & Gynecology office

I would like to introduce you to a new graduate program that is being launched by the Medical College of Virginia, Department of Health Administration. The Executive Program is designed so that experienced professionals can earn a Masters degree in health administration in two years while continuing to work full-time. The 40 semester-hour curriculum requires coming to the MCV campus in Richmond only five times for periods ranging from six to 13 days.

A primary objective of the Executive Program is to provide health professionals an innovative option for pursuing advanced training in management. I would be delighted to talk with interested individuals about how the program can fit into their career development plans.

Dennis D. Pointer, PhD
Arthur Graham Glasgow, Professor of Health Administration
Coordinator, The Executive Program
Medical College of Virginia
Virginia Commonwealth University

Premarital testing

I am writing in regards to Joseph Alberding, MD's reply to Doctor John M. Hazen's letter to the editor printed in the August issue of *Michigan Medicine*. I believe that Doctor Alberding's reply was inadequate and not

Continued on page 702

MICHIGAN STATE MEDICAL SOCIETY
120 WEST SAGINAW STREET, EAST LANSING, MICHIGAN 48823, PHONE AREA CODE 517 337-1351

Dear Fellow Physician:

Membership means involvement!

Our Michigan State Medical Society is a democratic organization. Each spring, some 400 members give up a weekend of their time to represent you at the annual House of Delegates meeting. It is here that MSMS policy is made and projects formulated.

To carry out these policies and projects, and to best represent you and your patients, MSMS has some 39 committees and task forces. These committees range from Communications and Professional Relations to State Legislation and Regulation, and from Medical Economics to Bioethics. Most committees meet a minimum of three times a year; some have much more frequent sessions, exploring and debating issues which are important to you and your patients.

Elected representatives

As a democratic organization, MSMS is governed by an elected Board of Directors. These 33 people meet six times a year and act upon House of Delegates and committee recommendations. They oversee the day-to-day functioning of the Society. They often are called to act as our representatives to the media, the legislature and scores of other groups. They also serve as our "pipeline" to the Society, handling problems and complaints.

Because we are part of the federation of medicine, we also have elected representatives to the American Medical Association's House of Delegates. Twenty-two people take two weeks a year to present our concerns at the national level. Physicians and medical students represent Michigan in the national Hospital Medical Staff, Young Physicians, and resident and student sections, which all hold their meetings just before the AMA House meeting. Michigan has a representative on almost every major AMA council. These councils function on the national level much like committees function on the state level.

Finally, we are fortunate to have John J. Coury, MD, Port Huron, a man so dedicated to medicine that he gave up a year of his practice to serve as President of the AMA during 1986-87, crossing the country and traveling around the world to further the cause of American medicine.

Willing to serve

What is true at the state and national level also is true at the county level. Many of our fellow physicians give their time to serve as county presidents, on Boards of Directors and the many committees that make county organizations run effectively and efficiently.

What is common to all these people is a willingness to serve their profession—over and above paying dues. Most are private practitioners who, when they serve in one of these capacities, are sacrificing income. If they are employed physicians, they give up vacation time to do the work at hand. They are committed to making the organized medicine democracy work not only for themselves, but for us and our patients.

Paying dues is important because it gives us access to the organization and a voice in its policies. But membership should be more. Membership means involvement.

Cathy O. Blight,

Sincerely, Cathy O. Blight, MD, Cha
MSMS Committee on Membership Recruitment and Re

Committee efforts benefit MSMS members

by Cathy O. Blight, MD

In this issue of *Michigan Medicine* I have asked some of our committee chairmen to summarize what their committees do and how their committees benefit us as members.

I hope you will get an appreciation of some of the time and energy these physicians devote to our professional organization.

I also hope you will be inspired to become more active yourself. If any one of the committees highlighted here, or listed on the following pages, piques your interest, please express your interest to Katie Brewbaker, MSMS headquarters, PO Box 950, East Lansing, MI 48826-0950.

Let's read what some of our MSMS committee chairmen say about their involvement and their committee's contributions:

Maynard

Gary D. Maynard, MD: The **MSMS Hospital Medical Staff Section** provides a vehicle for medical staffs to use in communicating their needs and concerns about hospital issues to organized medicine, as well as an opportunity for involvement in the MSMS policy-making process.

O'Brien

James G. O'Brien, MD: The **MSMS Committee on Aging**, because of this country's demographic imperative, is strategically placed to play a key role for the society in the future.

Minkow

Frederick V. Minkow, MD: Anyone who attends the meetings of the **MSMS Committee on State Legislation and Regulations** enjoys this exciting and dynamic standing committee. Physicians from all over the state can sit down at that long table at MSMS headquarters and hammer out a consensus on almost any issue being discussed in the legislature.

Adelman

Susan E. Adelman, MD: The **MSMS Liaison Committee with Blue Cross Blue Shield** allows the physicians at MSMS quick access to the highest levels of BCBSM physician and administrative management, so that problems of vital concern to all of us and to our patients can be addressed. All members of MSMS and all component specialty societies are encouraged to bring concerns, problems and issues of mutual importance to the committee, so that we may attempt to work toward resolution.

Ahmad

Busharat Ahmad, MD: The members of the **MSMS Task Force on Concerns of Graduates of Foreign Medical Schools** see an increased interest and involvement by our colleagues in organized medicine, and especially in MSMS. We look into issues such as residency requirements and hospital staff privileges.

Continued on next page

COMMITTEE CHAIRMEN/ Continued

Powsner

Rhoda M. Powsner, MD: The "problem physician" has been a media phenomenon as well as a source of difficulty to his/her patients and the medical community. MSMS also has been concerned about the manner in which the Michigan Board of Medicine handles complaints about physicians. Members of the **MSMS Committee on Licensing and Discipline** believe there are two aspects of the situation which should be rectified: inadequate funding and a flawed procedure for both the investigatory and disciplinary processes delineated by the Michigan Public Health Code.

Burton

Robert D. Burton, MD: Clear, concise statements from MSMS concerning controversial subjects are required almost every day. Your **Committee to Review MSMS Policy** meets every six weeks to review new situations and to clarify present policy and positions. These items are updated regularly and collated in the latest edition of the MSMS Policy Manual, available to all MSMS members.

Duhamel

Peter A. Duhamel, MD: The **Michigan Doctors Political Action Committee** is the vehicle through which Michigan physicians pool their political contributions and thus increase their effectiveness in the statewide elections process.

Rovner

David R. Rovner, MD: Medical knowledge constantly expands—a fact which requires all physicians to be lifetime learners. MSMS has a deep commitment to continuing medical education. The **MSMS Committee on CME Programming** helps MSMS produce high-quality, scientifically accurate and clinically relevant postgraduate education programs.

Turcke

Allen F. Turcke, MD: Issues involving the state's Medicaid program have varied in importance to MSMS members in the years I have served as chairman of the **MSMS Medicaid Liaison Committee**. Changes to a program as large as Medicaid occur slowly, and most often are driven by budget constraints.

Stone

Richard A. Stone, MD: As 31 percent of active MSMS members fall into the category, and 23 percent of the MSMS delegates and alternates meet the criteria, I feel the **MSMS Young Physicians Task Force** represents an important voice for county, state and national participation in organized medicine. ☐

Members involved with MSMS Committees

COMMITTEE ON AGING

The Committee provides physicians with an overview of the medical, social, and psychological needs of the aged patient. Activities include examining the health status of the older patient, advocating preventative medicine programs, discussing Medicare financing, and exploring long term care options for the elderly. The Committee works with many community organizations and the State Office of Services to the Aging.

James G. O'Brien, MD, Chairman, Lansing
Mrs. Pat Allen, Battle Creek
Harvey M. Andre, MD, Grand Rapids
William T. Bateman, MD, Kalamazoo
Frank S. Blumenthal, MD, Detroit
Diane A. Culik, MD, Detroit
Phillip M. Green, MD, Kalamazoo
Russell E. Holmes, MD, Lansing
Brooker L. Masters, MD, Fremont
Ashok R. Sonnad, MD, Vestaburg
Margaret S. Terpenning, MD, Ann Arbor
Robert J. Toteff, MD, Troy
Thomas J. Northey, Consultant, Lansing
James R. Tarrant, Consultant, East Lansing
Deborah Zannoth, Staff

TASK FORCE ON AIDS EDUCATION

This Task Force develops strategies for educating physicians about AIDS and coordinates MSMS efforts in physician and public education with those of the Michigan Department of Public Health.

Frederick W. Bryant, MD, Chairman, Royal Oak
E. Joseph Alberding, MD, Portage
David S. Davenport, MD, Kalamazoo
William E. Dougan, MD, Detroit
John F. Fennessey, MD, Grosse Pte.
Evelyn J. Fisher, MD, Detroit
Douglas A. Mack, MD, Grand Rapids
David B. Martin, MD, Traverse City
David R. Rovner, MD, East Lansing
Mary Anne Ford, Staff

LIAISON COMMITTEE WITH MICHIGAN MEDICAL ARBITRATION SYSTEM

The Committee serves as a liaison between MSMS and the Michigan Medical Arbitration System and works to promote the use of arbitration in Michigan.

Rhoda M. Powsner, MD, Chairman, Dearborn
John R. Cooley, MD, Kalamazoo
John W. Hall, MD, Petoskey
Charles N. Inniss, MD, Detroit
Thomas A. Kwyer, MD, Dearborn
Robert M. Leitch, MD, Battle Creek
Gerald H. Mandell, MD, Detroit
Samuel M. McMahon, MD, Lansing
Devendra K. Sharma, MD, Tawas City
Mary Anne Ford, Staff

COMMITTEE ON AWARDS

The Committee supervises the MSMS award program and makes recommendations to the Board of Directors.

Frank B. Walker, MD, Chairman, Grosse Pte. Farms
Robert M. Leitch, MD, Battle Creek
Thomas C. Payne, MD, East Lansing
Katie Brewbaker, Staff

COMMITTEE ON BIOETHICS

The Committee considers questions about scientific, medical, moral, ethical and political concerns dealing with the beginning of life and the ending of life which have raised increasing problems for physicians and, therefore, MSMS.

Frederick W. Bryant, MD, Chairman, Royal Oak
Howard Brody, MD, East Lansing
Mrs. Betty Drew, Bloomfield Hills
Clifford S. Hale, MD, East Lansing
James T. Harrison, MD, Lansing
John V. Hartline, MD, Kalamazoo
George F. Newman, MD, Dearborn
Evan J. Reinders, MD, Muskegon
Marguerite Shearer, MD, Dexter
Kornelius VanGoor, MD, Grand Rapids
Sherry N. Wellman, Staff

LIAISON COMMITTEE WITH BLUE CROSS BLUE SHIELD OF MICHIGAN

The Liaison Committee serves as a communication link to assist individual physicians in obtaining information concerning Blue Cross Blue Shield of Michigan's policies and procedures and provides input to aid in the resolution of problems which may arise. The Committee also considers and provides input on major policy and professional issues related to BCBSM.

Susan E. Adelman, MD, Chairman, Detroit
Robert W. Black, MD, Detroit
Gerald F. Conway, MD, Royal Oak
Allen D. Damschroder, MD, Petoskey
Henry M. Domzalski, MD, Detroit
William B. Jensen, MD, Grand Rapids
Gary D. Maynard, MD, Kalamazoo
Richard L. Rapport, MD, Flint
Arthur A. Ulmer, MD, Grosse Pte. Shores
Thomas E. White, Staff

BOARD OF MANAGERS

The Board of Managers oversees the management of the Capital Reserve Fund, the Creative Reserve Fund and the management of MSMS buildings and grounds.

Leland E. Holly, II, MD, Chairman, Muskegon
Jack L. Barry, MD, Saginaw
Justin L. Sleight, MD, Lansing
Timothy M. Talbott, MD, Grand Rapids
Arthur A. Ulmer, MD, Grosse Pte. Shores
Fred W. Whitehouse, MD, Detroit
Richard M. Campau, Staff

ADVISORY COMMITTEE ON COMMUNICATIONS AND PROFESSIONAL RELATIONS

This Committee develops and oversees all public relations and public service activities. It provides physician input to the program suggestions and activities advanced by outside consultants and MSMS staff.

Richard H. Gascoigne, MD, Chairman, Adrian
Robert C. Arends, MD, Birmingham
Frederick B. Brown, MD, Muskegon
Mrs. Nancy Crandall, Muskegon
Robert L. Cross, MD, Flushing
Clyde R. Flory, Jr., MD, Lansing
Reed K. Freidinger, MD, Charlevoix
Raymond R. Komray, MD, Muskegon
Fred E. Patterson, MD, Ann Arbor
Thomas C. Payne, MD, East Lansing
Bernhardt L. Pederson, MD, Bay City
E. James Potchen, MD, East Lansing
M. Gary Robertson, MD, Grand Haven
Jerry H. Rosenberg, MD, Southfield
Linda Martin, Lansing, Consultant
Sherry N. Wellman, Staff

COMMITTEE ON CONSTITUTION AND BYLAWS

This standing committee reviews proposals to amend the MSMS Constitution and Bylaws and presents recommendations for appropriate action by the MSMS House of Delegates. It serves as a reference committee during the House of Delegates meeting.

Robert D. Allaben, MD, Chairman, Detroit
Thomas G. Higby, MD, Fowlerville
James E. McGillicuddy, MD, Lansing
John H. McLaughlin, MD, Birmingham
Eber B. Sherman, MD, East Rapids
Richard D. Weber, Detroit, Consultant
William E. Madigan, ex officio, East Lansing
Vada L. Davis, Staff

COMMITTEE ON CME ACCREDITATION

This Committee assures that quality CME activities are available to Michigan physicians through review, evaluation, and accreditation of Category I continuing medical education providers in the state.

Donald J. Aiken, MD, Chairman, Okemos
Gail I. Bank, PhD, Detroit
Norman J. Bolton, MD, Detroit
Ralph A. Brandt, MD, Ann Arbor
James C. Breneman, MD, Galesburg

Continued on next page

CME ACCREDITATION/ Continued

Allen D. Damschroder, MD, Petoskey
Roland G. Hiss, MD, Ann Arbor
Mark D. Kolins, MD, Grosse Pointe
David C. Leach, MD, Detroit
Joseph F. Marshall, MD, Saginaw
Robert K. Richards, PhD, Grand Rapids
Victor V. Rozas, MD, Alma
Joseph A. Sentkeresty, MD, Grand Rapids
Robert L. Tupper, MD, Grand Rapids
W. Donald Weston, MD, East Lansing
Richard F. Willis, MD, Alpena
Charles L. Zeller, MD, Kalamazoo
Thomas J. DeKornfeld, MD, Consultant, Lansing
Katie Brewbaker, Staff

COMMITTEE ON CME PROGRAMMING

The Committee develops, conducts, and supervises Category I programs in Michigan to serve the continuing medical education needs and interests of physicians. It also is empowered to jointly sponsor programs which meet the CME criteria for Category I.

David R. Rovner, MD, Chairman, East Lansing
John R. Addy, MD, Lansing
Rudi Ansbacher, MD, Ann Arbor
Frederick W. Bryant, MD, Royal Oak
Richard E. Dean, MD, East Lansing
Clyde R. Flory, Jr., MD, Lansing
Michael Giacalone, Jr., MD, Flint
Perry W. Greene, Jr., MD, Grand Rapids
Michael Iacobellis, MD, Allen Park
Terry Kinzel, MD, Houghton
David C. Leach, MD, Detroit
Steven E. Minnick, MD, Detroit
Samir M. Ragheb, MD, Warren
George L. Royer, Jr., MD, Kalamazoo
Joan C. Stryker, MD, Detroit
Hugo M. Uhland, MD, Saginaw
James R. Tarrant, Consultant, East Lansing
Sherry L. Fent, Staff

LIAISON COMMITTEE WITH CORPORATE MEDICAL DIRECTORS

The Liaison Committee meets with medical directors of corporations to discuss common interests and recommend appropriate courses of action.

Richard H. Gascoigne, MD, Chairman, Adrian
David W. Hills, MD, Benton Harbor
David Jacknow, MD, Bloomfield Hills
Robert Nolta, MD, Warren
John H. Triebwasser, MD, Dearborn
James E. Long, Consultant, Flint
Kirk McMurray, Staff

TASK FORCE ON CONCERNS OF GRADUATES OF FOREIGN MEDICAL SCHOOLS

This Task Force establishes a relationship between local FMG organizations and MSMS, publicizes the activities of the Task Force, serves as a resource to FMGs or potential FMGs seeking information or assistance, and proposes to the MSMS Board of Directors new programs designed to serve the needs of FMGs and increase their participation in MSMS.

Busharat Ahmad, MD, Chairman, Marquette
Jaime V. Aragones, MD, Rochester
Mujtaba Husain, MD, Detroit
Appa Rao Mukkamala, MD, Grand Blanc
Dhanwada Sudhaker Rao, MD, Detroit
Marguerite Shearer, MD, Dexter
Pramilla Sinha, MD, Southfield
A. L. Suarez-Martinez, MD, Dearborn
Arthur A. Ulmer, MD, Grosse Pte. Shores
Walter R. Woodhouse, MD, Flint
Wayne E. Burmeister, Staff

STEERING COMMITTEE TO DEVELOP AN FMG SECTION

This Steering Committee pursues the development of an FMG Section to the MSMS House of Delegates and helps network graduates of foreign medical schools into the democratic process of MSMS.

Busharad Ahmad, MD, Chairman, Marquette
Krishna K. Sawhney, MD, Vice Chairman, Detroit
Waheed Akbar, MD, Saginaw
Chihsing C. Chen, MD, Battle Creek
Jose L. Evangelista, MD, Livonia
Byung S. Lee, MD, Mt. Clemens
Vicente C. Gracias, MD, Grand Rapids
Mujtaba Husain, MD, Detroit
Phillip J. Manno, MD, Dearborn
Appa Rao Mukkamala, MD, Flint
D. Sudaker Rao, MD, Detroit
Narinda Sherman, MD, Farmington HIlls
Enrico C. Sobong, MD, Grand Rapids
Emanuel Tanay, MD, Detroit
Samir R. Yehia, MD, Detroit
Mehmet Z. Yilmaz, MD, Battle Creek
Susan E. Adelman, MD, Board Advisor, Detroit
Wayne E. Burmeister, Staff

TASK FORCE TO STUDY MANPOWER AND LICENSING OF FOREIGN MEDICAL GRADUATES

This Task Force studies manpower and licensing issues of interest to graduates of foreign medical schools to ensure that MSMS is aware of the concerns of FMGs.

Samuel M. McMahon, MD, Chairman, Lansing
Donald H. Kuiper, MD, Lansing
Gerald H. Mandell, MD, Detroit
D. Sudaker Rao, MD, Detroit
John L. Shek, MD, Saginaw
William B. Weil, MD, East Lansing
Wayne E. Burmeister, Staff

ADVISORY COMMITTEE ON HEALTH CARE POLICY

This Committee recommends MSMS policy on health planning. It encourages physician involvement in health planning issues, monitors activities of health systems agencies (HSA) and the Statewide Health Coordinating Council (SHCC) and assures physician input.

Kenneth J. Ray, MD, Co-chairman, Trenton
Fred E. Patterson, MD, Co-chairman, Ann Arbor
Robert B. Carbeck, MD, Ann Arbor
George R. Gerber, MD, Detroit
Denise G. K. Gray, MD, Detroit
John V. Hartline, MD, Kalamazoo
Terrell K. Hebert, MD, Grand Haven
D. Bonta Hiscoe, MD, Lansing
Marguerite Shearer, MD, Dexter
Donald C. Smith, MD, Ann Arbor
Eugen B. Lascu, Consultant, Livonia
Mary Anne Ford, Staff

STEERING COMMITTEE ON PROGRAM TO ASSIST IMPAIRED PHYSICIANS

The Steering Committee provides assistance through its Medical Director and a statewide network of volunteer physicians to physicians who have problems related to emotional illness, alcoholism, or drug abuse. Education toward prevention, case finding, and intervention are major components of the program.

Henry M. Domzalski, MD, Chairman, Detroit
Norman J. Bolton, MD, Detroit
Michael Boyle, DO, Troy
John B. Bryan, MD, Royal Oak
Thomas L. Haynes, MD, Grand Rapids
Robert H. Hydrick, MD, Grand Rapids
Mrs. Beverly Jensen, East Grand Rapids
Bobbe J. Kelly, DO, West Bloomfield
William J. Kube, MD, Kalamazoo
Douglas W. MacDonald, MD, Oxford
Mrs. Cathie Martin, Traverse City
Joyce W. Mason, MD, Ann Arbor
Stephen C. Mason, III, MD, Ann Arbor
Tom R. Miles, DO, Traverse City
Richard A. Morin, MD, Ann Arbor
Robert Niccolini, MD, Detroit
John T. O'Connor, DO, Lansing
Rene Smit, MD, Port Huron
Russell F. Smith, MD, Northville
Gerald A. Vander Voord, MD, East Lansing
Katie Brewbaker, Staff

JUDICIAL COMMISSION

The Commission has sole jurisdiction over matters of ethics, mediation, grievance, and discipline of MSMS members. It has authority to make binding interpretations of the MSMS Constitution and Bylaws and of component society bylaws, as well as rules and regulations governing such matters.

Robert P. Lilly, MD, Chairman, Livonia
Rodman E. Taber, MD, Vice Chairman, Grosse Pte. Woods

N. Warn Courtney, MD, Kalamazoo
Edwin H. Cullekson, MD, Flint
Adam C. McClay, MD, Traverse City
John H. McLaughlin, MD, Birmingham
George W. Morley, MD, Ann Arbor
Joseph L. Ponka, MD, West Bloomfield
John C. Rienstra, MD, Grand Rapids
Krishna K. Sawhney, MD, Taylor
Richard D. Weber, Consultant, Detroit
Katie Brewbaker, Staff

COMMITTEE ON MATERNAL AND PERINATAL HEALTH

This Committee strives to improve the care of the obstetrical patient and her newborn and to provide means for physicians, nurses, and others interested in maternal and perinatal health to discuss mutual problems and share ideas. It works in close cooperation with the state agencies and medical specialty organizations.

Robert W. Dustin, MD, Chairman, Dearborn
Lloyd A. Kammeraad, MD, Vice Chairman, Grand Rapids
Silvio Aladjem, MD, Kalamazoo
Rudi Ansbacher, MD, Ann Arbor
C. Arch Brown, MD, Flint
David R. Calver, MD, Bloomfield Hills
Ralph A. Cram, MD, Albion
Preston V. Dilts, Jr., MD, Ann Arbor
Steven M. Donn, MD, Ann Arbor
Gerhard C. Endler, MD, Grosse Pte. Woods
James W. Gell, MD, Bloomfield Hills
John V. Hartline, MD, Kalamazoo
Robert H. Hayashi, MD, Ann Arbor
Douglas C. Kinne, MD, Petoskey
Mary J. Kokosky, MD, Dearborn
James C. Kornmesser, MD, Novi
Mrs. Pat Krapohl, Jackson
Don R. Krohn, MD, Southfield
Chang Y. Lee, MD, Detroit
Francis A. Locke, MD, Adrian
Robert P. Lorenz, MD, Royal Oak
Federico C. Mariona, MD, Detroit
Joseph P. Metz, MD, Flint
William H. Michaels, MD, Southfield
Joseph S. Moore, MD, Grand Rapids
Dorothy A. Porter, MD, Lathrup Village
Roger W. Postmus, MD, Ann Arbor
Joseph L. Sheets, MD, East Lansing
Richard E. Smith, MD, Detroit
Robert J. Sokol, MD, Detroit
Errol I. Soskolne, MD, Ann Arbor
Carolyn M. Texera, MD, Lansing
Arthur A. Ulmer, MD, Grosse Pte. Shores
Kenneth J. VanderKolk, MD, Grand Rapids
Paul T. von Oeyen, MD, Royal Oak
Earl R. Williams, MD, Grand Rapids
George H. Baker, Consultant, Lansing
Mason Barr, Jr., MD, Consultant, Ann Arbor
Mary M. Conklin, RN, Consultant, Lansing
Eugene V. Perrin, MD, Consultant, Detroit
George W. Russian, DO, Consultant, Okemos
Charles H. Sander, MD, Consultant, East Lansing
Mary A. Scoblic, RN, Consultant, Lansing
Kenneth Stringer, DO, Consultant, East Lansing
Richard Yerian, DO, Consultant, Lansing
Katie Brewbaker, Staff

ADVISORY COMMITTEE TO THE SECTION OF MEDICAL ECONOMICS

The Advisory Committee assists the Section in setting priorities, studies current health care financing, makes specific recommendations concerning future financing mechanisms, and develops an understanding of traditional insurance companies, emerging alternative financing and health delivery systems.

Jay K. Harness, MD, Chairman, Ann Arbor
Jack L. Barry, MD, Saginaw
Joseph J. Berke, MD, Detroit
Gilbert B. Bluhm, MD, Southfield
M. Joseph Bowler, MD, Kalamazoo
Frederick B. Brown, MD, Muskegon
John B. Bryan, MD, Royal Oak
Robert B. Carbeck, MD, Ann Arbor
Frank E. Check, Jr., MD, Detroit
Denise C. K. Gray, MD, Detroit
Harvey W. Halberstadt, MD, Birmingham
Robert H. Hamburg, MD, Detroit
Edward C. Jankowski, MD, Riverview
Margaret Z. Jones, MD, East Lansing
Stanley H. Levy, MD, Detroit
Max L. Lichter, MD, Farmington Hills
Thomas S. Marks, MD, Grand Rapids
Appa Rao Mukkamala, MD, Grand Blanc
Mrs. Shirley Prust, Franklin
Richard L. Rapport, MD, Flint
Nicholas P. Redfield, MD, Saginaw
Kenneth G. Schooff, MD, Detroit
Floyd S. Tukel, MD, Dearborn
Frederick W. VanDuyne, MD, Flint
Roger A. Swierbut, Consultant, St. Joseph
Thomas E. White, Staff

MEDICAID LIAISON COMMITTEE

The Liaison Committee attempts to resolve individual physicians' problems with Medicaid payments and procedures, and discusses major policy issues of the Medicaid program with state government.

Allen F. Turcke, MD, Co-chairman, Flint
Cecil R. Jonas, MD, Co-chairman, Detroit
Abraham Becker, MD, Detroit
Thomas M. Flake, MD, West Bloomfield
Harm Kraai, MD, Pontiac
Robert L. Leeser, MD, Charlotte
Michael J. Parks, MD, South Haven
Thomas C. Payne, MD, East Lansing
Robert W. Sprunk, MD, Traverse City
Daniel J. Wilhelm, MD, Port Huron
Jeffrey Mossoff, Consultant, Detroit
Mary Anne Ford, Staff

LIAISON COMMITTEE WITH MEDICAL ASSISTANTS

The Liaison Committee advises the American Association of Medical Assistants, State of Michigan, on request, regarding medical assistant activities and problems. It also suggests projects the medical assistants may wish to undertake.

Gordon F. VanOtteren, MD, Chairman, Grand Rapids
Arthur L. Brown, II, MD, Kalamazoo
Richard M. Czop, MD, Lansing
Anton Strocel, MD, Flint
Joseph J. Tiziani, MD, Ann Arbor
Kathryn F. Sak, Consultant, Southfield
Caroline Kimmel, Staff

COMMITTEE ON MEDICAL LICENSURE AND DISCIPLINE

This Committee serves as a liaison to the Michigan Department of Licensing and Regulation and seeks and supports measures that will promote a fully effective Board of Medicine.

Rhoda M. Powsner, MD, Chairman, Dearborn
Gilbert B. Bluhm, MD, Southfield
Frederick B. Brown, MD, Muskegon
Gerald C. Brueckner, MD, Mt. Clemens
Ricardo Chalela, MD, Washington
Robert D. Gibson, MD, Newberry
Denise C. K. Gray, MD, Detroit
Edwin H. Cullekson, MD, Flint
William J. Kube, MD, Kalamazoo
Donald H. Kuiper, MD, Lansing
James A. O'Neill, MD, Clarkston
Bernhardt L. Pederson, MD, Bay City
Arthur Rose, MD, Southfield
Larry J. Sell, MD, Detroit
Robert A. Teitge, MD, Warren
Theodore S. Vanderveen, MD, Grand Haven
James K. Watkins, MD, Grand Rapids
Scott W. Woods, MD, Ypsilanti
Daniel R. Farhat, Staff

TASK FORCE TO REVIEW MEMBER INSURANCE BENEFIT PROGRAMS

This Task Force reviews existing and proposed insurance benefit programs for MSMS members and makes recommendations to the Board of Directors.

B. David Wilson, MD, Chairman, Kalamazoo
Jack L. Barry, MD, Saginaw
Kenneth B. Herrington, MD, Bad Axe
James E. McGillicuddy, MD, Lansing
Kenneth S. Merriman, MD, Hastings
Robert E. Paxton, MD, Fremont
Kenneth J. Ray, MD, Trenton
William B. Cheeseman, Consultant, East Lansing
Wayne E. Burmeister, Staff

COMMITTEE ON MEMBERSHIP RECRUITMENT AND RETENTION

This Committee guides all recruitment efforts aimed at non-member physicians, residents, and students. It develops membership goals, makes recommendations to the Board of Directors and conducts personal recruiting efforts when needed.

Cathy O. Blight, MD, Chairman, Flint
Jean A. Craig, MD, Grand Rapids

Continued on next page

MSMS COMMITTEES/Continued

Robert H. Friedman, MD, Ann Arbor
Mujtaba Husain, MD, Birmingham
Farid Jano, MD, Farmington Hills
Dorothy Kahkonen, MD, Detroit
Edward D. Lanigan, MD, East Lansing
Mrs. Joyce Mann, Grand Rapids
Mrs. Suzie Pederson, Bay City
Darrel J. Rosen, MD, East Grand Rapids
Kenneth E. Rowe, MD, Hancock
Mario D. Santiago, MD, Southfield
Dolores J. Shelfoon, MD, Bloomfield Hills
John W. Tauscher, MD, Flint
Peter A. Levine, Consultant, Flint
Josephine LoFrano, Consultant, Detroit
Wm. G. McClimans, Consultant, Grand Rapids
Mary Sue Meyer, Consultant, Birmingham
Margo Hoornstra, Consultant, Lansing
Sallie Schiel, Consultant, Ann Arbor
Warren C. White, Consultant, Eaton Rapids
Sheila Nicholas, Staff

LIAISON COMMITTEE WITH MICHIGAN DEPARTMENT OF PUBLIC HEALTH

The Committee works to improve information and communication channels among public health officers, practicing physicians, and the public on environmental and public helath issues of mutual concern.

E. Joseph Alberding, MD, Chairman, Portage
Elaine L. Atallah, MD, Farmington Hills
Bradley T. Barnes, MD, Rochester Hills
Mrs. Evelyn Dykewicz, Flint
Robert Friedman, MD, Ann Arbor
George P. Grillo, MD, Flint
Douglas A. Mack, MD, Grand Rapids
David C. Nolan, MD, Big Rapids
Kenneth E. Rowe, MD, Hancock
Mary Anne Ford, Staff

MICHIGAN DOCTORS POLITICAL ACTION COMMITTEE BOARD OF DIRECTORS

Peter A. Duhamel, MD, Chairman, Rochester
Larry J. Andreini, MD, Escanaba
Jack L. Barry, MD, Saginaw
Jill Berglund, Kalamazoo
Joseph J. Berke, MD, Detroit
Donald G. Blain, MD, Mt. Clemens
Mrs. Donna Chase, Grand Rapids
R. Jack Chase, MD, Grand Rapids
Lionel E. Dorfman, MD, Battle Creek
Peter A. Duhamel, MD, Rochester
John A. Feemster, MD, Detroit
Richard H. Gascoigne, MD, Adrian
Richard P. Heuschele, MD, Saginaw
Cecil R. Jonas, MD, Detroit
William P. McCabe, MD, Grosse Pointe Woods
Robert A. Mengebier, MD, Petoskey
Fred E. Patterson, MD, Ann Arbor
Robert E. Paxton, MD, Fremont
Thomas C. Payne, MD, East Lansing
Mitchell A. Rinek, MD, Lansing
Marsha M. Rohrer, MD, Lansing
Kenneth E. Rowe, MD, Hancock
Peter S. Thoms, MD, Flint
Krishna K. Sawhney, MD, Taylor
Thomas E. Stone, MD, Muskegon
Floyd S. Tukel, MD, Dearborn
Charles H. Willison, MD, Midland
B. David Wilson, MD, Kalamazoo
Louis R. Zako, MD, Dearborn Heights
Daniel R. Farhat, Staff

MICHIGAN STATE MEDICAL SOCIETY/MICHIGAN HOSPITAL ASSOCIATION LIAISON COMMITTEE

This formal Liaison Committee is composed of designated leaders of the two organizations. The Liaison Committee does not make policy for either organization; each organization refers any recommendations to the MSMS Board of Directors or MHA Board of Trustees for approval.

Thomas R. Berglund, MD, Portage
Frederick W. Bryant, MD, Royal Oak
Carl A. Gagliardi, MD, Dearborn
Robert E. Paxton, MD, Fremont
Frank B. Walker, MD, Grosse Pte. Farms
William E. Madigan, ex officio, East Lansing
Kevin A. Kelly, Staff

LIAISON COMMITTEE WITH MPRO

This Liaison Committee monitors the activities of the federal peer review organization in Michigan (MPRO), provides policy input to MPRO on medical and operational issues, meets with MPRO representatives to discuss matters of mutual interest, and assists individual physicians in dealing with problems or concerns they may have with MPRO.

Marguerite R. Shearer, MD, Chairman, Dexter
Joseph A. Arena, Jr., MD, Birmingham
Gerhard C. Endler, MD, Grosse Pte. Woods
Peter E. Fujiwara, MD, Bay City
Jack Hunt, MD, Kalamazoo
Robert E. James, Jr., MD, Flint
Donald H. Kuiper, MD, Lansing
Gary D. Maynard, MD, Kalamazoo
Marsha R. Milburn, MD, Lansing
Richard D. Nichols, MD, Detroit
Robert C. Packer, MD, Muskegon
Gordon F. VanOtteren, MD, Grand Rapids
Thomas E. White, Staff

ADVISORY COMMITTEE ON OFFICE AUTOMATION

The Committee advises staff in its plan for automation of MSMS office operations.

Frank B. Walker, MD, Chairman, Grosse Pte. Farms
Jack L. Barry, MD, Saginaw
Leland E. Holly, II, MD, Muskegon
Robert E. Paxton, MD, Fremont
Vada L. Davis, Staff

PLANNING COMMITTEE FOR MICHIGAN CONFERENCE ON MATERNAL AND PERINATAL HEALTH

The Planning Committee, with input from the MSMS Committee on Maternal and Perinatal Health, plans and implements the Category I CME program for the Annual Michigan Conference on Maternal and Perinatal Health, in cooperation with several other participating organizations.

Steven M. Donn, MD, Co-chairman, Ann Arbor
Kenneth J. VanderKolk, MD, Co-chairman, Grand Rapids
John R. Addy, MD, Lansing
Silvio Aladjem, MD, Kalamazoo
C. Arch Brown, MD, Flint
David R. Calver, MD, Bloomfield Hills
Mary M. Conklin, RN, Lansing
Miriam S. Daly, MD, Albion
Robert W. Dustin, MD, Dearborn
Molly Gates, RN, Ann Arbor
John V. Hartline, MD, Kalamazoo
Robert H. Hayashi, MD, Ann Arbor
Joy Hershberger, RN, Grand Blanc
Lloyd A. Kammeraad, MD, Grand Rapids
Okjin Kim, RN, Lansing
Kate Larkin, RN, Troy
Chang Y. Lee, MD, Detroit
Federico G. Mariona, MD, Detroit
Joseph P. Metz, MD, Flint
Joseph S. Moore, MD, Grand Rapids
Evelyn Piehl, RN, Ann Arbor
Nadine Roszczewski, RN, Jackson
Mary A. Scoblic, RN, Lansing
Suzanne Shelton, RN, Kalamazoo
Mindy Smith, MD, Ann Arbor
Ruth VandenBerg, MD, Grand Rapids
Paul von Oeyen, MD, Royal Oak
Daniel J. Wilhelm, MD, Port Huron
Hermann A. Ziel, Jr., MD, Perry
Sherry L. Fent, Staff

PLANNING COMMITTEE FOR MSMS ANNUAL SCIENTIFIC MEETING

The Planning Committee, under the guidance of the Committee on CME Programming, plans and presents Category I Credit courses at the Annual Scientific Meeting. It provides CME courses of value to all specialties while striving to improve methods of education and evaluation.

Rudi Ansbacher, MD, Chairman, Ann Arbor
Frederick W. Bryant, MD, Royal Oak
John E. Freitas, MD, Royal Oak
Michael Iacobellis, MD, Allen Park
Dorothy Kahkonen, MD, Detroit
Nicholas J. Lekas, MD, Dearborn
Conrad E. Nagle, MD, Troy
Joan C. Stryker, MD, Detroit
Sherry L. Fent, Staff

COMMITTEE ON MSMS POLICY MANUAL

This Committee reviews actions of the House of Delegates and incorporates any policy decisions into the Policy Manual of MSMS.

Robert D. Burton, MD, Chairman, Grand Rapids
Frederick W. Bryant, MD, Royal Oak
Henry M. Domzalski, MD, Detroit
Leland E. Holly, II, MD, Muskegon
Richard L. Rapport, MD, Flint
Arthur A. Ulmer, MD, Grosse Pte. Shores
Vada L. Davis, Staff

BOARD OF DIRECTORS, PHYSICIAN SERVICE GROUP, INC.

Leland E. Holly, II, MD, Chairman, Muskegon
Frederick W. Bryant, MD, Royal Oak
Mark Campbell, MD, Grand Rapids
Bruce H. Drukker, MD, East Lansing
Elizabeth A. Hutchinson, MD, Lansing
Allen F. Turcke, MD, Flint
William E. Madigan, PSG Executive Vice-President, East Lansing
John A. Richards, Staff

TASK FORCE ON PROFESSIONAL LIABILITY

The Task Force reviews the professional liability climate in Michigan and the nation, is familiar with proposed reforms, and recommends appropriate legislative or other improvements.

Carl A. Gagliardi, MD, Co-chairman, Dearborn
Charles C. Vincent, MD, Co-chairman, Detroit
Akram S. Ali, MD, Port Huron
Cathy O. Blight, MD, Flint
Gilbert B. Bluhm, MD, W. Bloomfield
Gerald F. Conway, MD, Royal Oak
Domenic R. Federico, MD, Grand Rapids
Richard H. Gascoigne, MD, Adrian
D. Bonta Hiscoe, MD, East Lansing
David L. Joseph, MD, Lansing
Thomas A. Kwyer, MD, Dearborn
Robert M. Leitch, MD, Battle Creek
W. Peter McCabe, MD, Grosse Pte. Woods
Frederick V. Minkow, MD, Bloomfield Hills
Thomas C. Payne, MD, East Lansing
Rhoda M. Powsner, MD, Dearborn
Mitchell A. Rinek, MD, Lansing
John L. Shek, MD, Saginaw
Kristine J. Burgess, Consultant, Ypsilanti
William B. Cheeseman, Consultant, East Lansing
Thomas R. Berglund, MD, Advisor, Portage
Peter A. Duhamel, Advisor, MD, Rochester
Richard J. McMurray, MD, Advisor, Flint
Gerald H. Mandell, MD, Advisor, Detroit
Robert E. Paxton, MD, Advisor, Fremont
Frank B. Walker, MD, Advisor, Grosse Pte. Farms
Richard D. Weber, Advisor, Detroit
Gary D. Maynard, MD, HMSS Representative, Kalamazoo
Richard M. Campau, Staff

COMMITTEE ON PUBLICATIONS

This Committee serves as an advisory board to the editors in determining policy, setting new directions, suggesting subject material, overseeing finances, and reviewing all display advertising for MSMS publications.

Henry M. Domzalski, MD, Chairman, Detroit
Thomas R. Berglund, MD, Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, II, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter
Judy Marr, Staff

COMMITTEE ON SPORTS MEDICINE

This Committee sponsors a conference aimed at physicians and others with an interest in sports medicine. It also provides sports medicine information and medical evaluation of sports rules when requested by the Michigan High Schools Athletic Association, Inc.

Perry W. Greene, Jr., MD, Chairman, Grand Rapids
Roy T. Bergman, MD, Escanaba
Jerome V. Ciullo, MD, Detroit
Edward M. Fugate, MD, Muskegon
Russell F. LaBeau, Jr., MD, Petoskey
Robert J. Murray, MD, Trenton
Mrs. Gail Nelson, Kalamazoo
Terry Nelson, MD, Kalamazoo
Robert C. Nestor, DO, Bloomfield Hills
Gerald A. O'Connor, MD, Ann Arbor
William B. Redmon, MD, Midland
Shirley Robertson, MD, Mason
Charles R. Zimont, MD, Constantine
Warren D. McKenzie, Consultant, East Lansing
Russell Miller, Consultant, Ann Arbor
Richard Ray, Consultant, Holland
Sherry L. Fent, Staff

INTERPROFESSIONAL LIAISON COMMITTEE WITH STATE BAR OF MICHIGAN

This Liaison Committee promotes interprofessional cooperation, helps mediate problems between physicians and attorneys, and encourages communication on topics of mutual interest.

Thomas R. Berglund, MD, Kalamazoo
Frederick W. Bryant, MD, Royal Oak
Alexa Canady, MD, Detroit
Carl A. Gagliardi, MD, Dearborn
Bernard C. Gryser, MD, Lansing
Steven E. Newman, MD, Southfield
Robert E. Paxton, MD, Fremont
Frank B. Walker, MD, Grosse Pte. Farms
Kevin A. Kelly, Staff

COMMITTEE ON STATE LEGISLATION AND REGULATIONS

This Committee monitors and influences Michigan legislation through the legislative process, and monitors and responds to Michigan government rules and regulations as they are promulgated.

Frederick V. Minkow, MD, Chairman, Bloomfield Hills
John R. Addy, MD, Lansing
Robert D. Allaben, MD, Detroit
Michael T. Bergeon, MD, Saginaw
Cathy O. Blight, MD, Flint
David R. Calver, MD, Bloomfield Hills
Bruce R. Deschere, MD, Pontiac
William D. Doebler, MD, Holland
John A. Feemster, MD, Detroit
James L. Fenton, MD, Bay City
Richard P. Heuschele, MD, Saginaw
Richard P. Horsch, MD, Farmington Hills
Charles N. Inniss, MD, Detroit
Dorothy Kahkonen, MD, Detroit
Michael S. Kobernick, MD, Huntington Woods
Mark D. Kolins, MD, Grosse Pte.
James E. MacVicar, MD, Kalamazoo
W. E. Maldonado, MD, Lansing
Mrs. Karin Maupin, Grand Rapids
James E. McGillicuddy, MD, Lansing
Winifred A. Oyen, MD, Midland
John P. Papp, MD, Grand Rapids
John C. Parker, MD, Jackson
Fred E. Patterson, MD, Ann Arbor
D. Sudhaker Rao, MD, Bloomfield Hills
Mitchell A. Rinek, MD, Lansing
Marguerite Shearer, MD, Dexter
Marvin L. Starman, MD, Southfield
Willard S. Stawski, MD, Grand Rapids
Thomas E. Stone, MD, Muskegon
Phillip B. Storm, MD, Lansing
Mrs. Sharon VanderWall, Grand Rapids
Frank G. VanDeventer, MD, Harper Woods
Charles C. Vincent, MD, Detroit
B. David Wilson, MD, Kalamazoo
Bernard J. Woodley, MD, Trenton
Donald A. Fisch, Consultant, Portage
Roger F. Mecum, Consultant, Detroit
Richard D. Weber, Consultant, Detroit
Milton Zaagman, Consultant, Lansing
Terry Vanderveen, Staff

MSMS TASK FORCE TO STUDY ALTERNATIVES TO THE TORT SYSTEM

This Task Force studies alternatives to the tort system for resolving allegations of malpractice.

W. Peter McCabe, MD, Chairman, Grosse Pte. Woods
Domenic R. Federico, MD, Grand Rapids
Reed K. Freidinger, MD, Charlevoix
Raymond R. Komray, MD, Muskegon

Continued on next page

MSMS COMMITTEES/Continued

Thomas A. Kwyer, MD, Dearborn
Edward D. Lanigan, MD, East Lansing
John W. McLaughlin, MD, Birmingham
Louis E. Sanford, MD, Belding
Gary S. Smith, MD, Midland
Alfred B. Swanson, MD, Grand Rapids
Richard M. Campau, Staff

COMMITTEE OF SPECIALTY SOCIETY PRESIDENTS

This Committee provides for rapid communication between MSMS and the members of specialty organizations. It deals with any subject of mutual concern except scientific or clinical medicine.

Frederick W. Bryant, MD, Chairman, Royal Oak
Michigan Allergy Society: David W. Hunter, MD, President, Toledo, Ohio
Michigan Society of Anesthesiologists: Gerhard Endler, MD, President. Grosse Pointe Woods
Michigan Chapter, American College of Chest Physicians: Richard Simon, MD, President, Ann Arbor
MSMS Section-Clinical Pharmacology and Therapeutics: George Royer, Jr., MD, President, Kalamazoo
Michigan Society Colon and Rectal Surgeons: Alasdair I. McKendrick, MD, President, Southfield
Michigan Dermatological Society: Howard V. Dubin, MD, President, Ann Arbor
Michigan Chapter, American College of Emergency Physicians: Solomon R. Hochbaum, MD, President, East Lansing
Michigan Academy of Family Physicians: Edmond Eary, MD, President, Sparta
Michigan Society of Gastro-Endoscopy: Ramon R. Joseph, MD, President, Westland
Michigan Society of General Surgeons: Frederick E. Ludwig, II, MD, President, Sault St. Marie
Michigan Health Officers Association: Vern Davis-Anthony, MPH President, Westland
Michigan Society of Internal Medicine: Howard Goldberg, MD, President, Southfield
Michigan Neurological Association: Sid Gilman, MD, President, Ann Arbor
Michigan Association Neurological Surgeons: William F. Chandler, MD, President, Ann Arbor
Michigan College Nuclear Medicine Physicians: Milton Gross, MD, President, Ann Arbor
Michigan Section, District V, American College of Obstetricians and Gynecologists: Lloyd A. Kammeraad, MD, President,Grand Rapids
Michigan Occupational Medical Association: Howard J. Sawyer, MD, President, Southfield
Michigan Ophthalmological Society: Frederick Bryant, MD, President, Royal Oak
Michigan Orthopaedic Society: D. Eugene Thompson, MD, President, Birmingham
Michigan Oto-Laryngological Society: John L. Kemink, MD, President, Ann Arbor
Michigan Society of Pathologists: Noel S. Lawson, MD, President, Ann Arbor
Michigan Chapter, American Academy of Peditricians: Stanford A. Singer, MD, President, Southfield
Michigan Academy of Physical Medicine and Rehabilitation: Theodore Cole, MD, President, Ann Arbor
Michigan Chapter, American College of Physicians: Park W. Willis, MD, Governor, East Lansing
Michigan Academy of Plastic Surgeons: Jorge Gomez, MD, President, East Lansing
Michigan Psychiatric Society: James H. Graves MD, President, Pontiac
Michigan Psychoanalytic Society: Richard Ruzumna, MD, President, Southfield
Michigan Radiological Society: Fred Watts, Jr., MD, President, Detroit
Michigan Rheumatism Society: Joseph McCune, MD, President, Ann Arbor
Michigan Chapter, American College of Surgeons: Robert D. Allaben, MD, President, Detroit
Michigan Society of Therapeutic Radiologists: Carla A. Cook, MD, President, Royal Oak
Michigan Society of Thoracic Surgeons: Luis Tomastis, MD, President, Grand Rapids
Michigan Thoracic Society: Richard H. Simon, MD, President, Ann Arbor
Michigan Branch, American Urological Association: Riad N. Farah, MD, President, Detroit
Sherry N. Wellman, Staff

COMMITTEE ON WAYS AND MEANS

This Committee furnishes cost estimates to the House of Delegates on resolutions requiring new expenditures of funds. It also reviews general fiscal policies of the Society and makes recommendations re member dues.

Fred W. Whitehouse, MD, Chairman, Detroit
Arnold L. Brown, MD, Pontiac
David M. C. Hislop, MD, Port Huron
Robert C. Prophater, MD, Bay City
William F. Sutter, MD, Ludington
Richard M. Campau, Staff

COMMITTEE ON CONCERNS OF WOMEN PHYSICIANS

This Committee explores ways to encourage the participation and leadership involvement of women physicians in organized medicine.

Dawn E. Springer, MD, Chairman, Mason
Miriam S. Daly, MD, Albion
S. Margaret Davies, MD, Chelsea
Martha L. Gray, MD, Ann Arbor
Patricia Ann LaHaie, MD, East Lansing
Vivian P. Lewis, MD, Flint
Tama D. Martini, MD, Ann Arbor
Myrtle S. McLain, MD, Grand Rapids
Janet Osuch, MD, East Lansing
Marjorie H. Otero, MD, Flint
Marguerite Shearer, MD, Dexter
Natalia M. Tanner, MD, Detroit
Kathleen L. Yaremchuk, MD, Dearborn
Kimberlydawn Wisdom, MD, Dearborn
Thomas C. Payne, MD, Board Advisor, East Lansing
Sheila Nicholas, Staff

TASK FORCE ON YOUNG PHYSICIANS AND ORGANIZED MEDICINE

This Task Force studies the establishment of a state level of young physicians as a means of strengthening the direct and meaningful participation of young physicians throughout the federation of the AMA, MSMS, and the component societies.

Richard A. Stone, MD, Chairman, Mt. Clemens
Thomas J. Archambeau, MD, Lansing
Cathy O. Blight, MD, Flint
James V. Buzzitta, MD, Grand Rapids
Domenic R. Federico, MD, Grand Rapids
Denise G. K. Gray, MD, Detroit
Margaret E. Gustafson, MD, Manistee
Robert G. Hylland, MD, Muskegon
Edward S. Jefferies, MD, Grosse Pointe
Kenneth S. Merriman, MD, Hastings
Steven E. Ochowski, MD, St. Clair Shores
Michael J. Post, MD, Fremont
Mitchell A. Rinek, MD, Lansing
Harold J. Sauer, MD, East Lansing
Michael J. Sullivan, MD, Farmington Hills
Kathleen L. Yaremchuk, MD, Dearborn
Linda Munson, Staff

MSMS Medical Student Section: active and growing

The Michigan State Medical Society Medical Student Section (MSMS-MSS) was approved by the House of Delegates just six years ago. The meetings of the MSS Governing Council for the first several years were held at students' houses and were sparsely attended.

We hope to show you the situation has changed dramatically by outlining the activities scheduled at the Michigan allopathic medical schools for the upcoming year. The MSS has been helped tremendously in recent years by the earnest efforts of physicians and staff to expand our involvement in the society. We hope to continue this trend as our memebership grows and our participation increases.

John M. O'Brien, Chairman
MSMS Medical Student Section Governing Council

Wayne County Medical Society and the MSMS Medical Student Section are the happy parents of a new family member—the Student AMA at Wayne State University School of Medicine.

The infant organization was conceived out of earlier efforts by WCMS, MSMS and the AMA. From the time of its conception in June of 1986, this baby looked strong! With a brand-new name, an official constitutional document on the way, a 10-member governing board and approximately 150 new members in 1986-1987, no one would even consider to abort the undertaking.

Finally, at the February 18, general meeting, after much pain and labor, there was premature rapture of the membership as the constitution was delivered without complications—there was unanimous approval by the student membership. A viable newborn organization was formed with Apgars of 10, 10.

As a newly-formed body with much future potential, the organization's 1986-1987 officers set out with three particular goals in mind:

1) They saw involvement in organized medicine as being very important to the future of all physicians. To that end, the group sponsored presentations by Louis R. Zako, MD, former chairman of the MSMS Committee on Professional Liability; W. Peter McCabe, MD, former WCMS president, and Charles C. Vincent, MD, WCMS president elect.

Student Brian Krauss, alternate delegate to the AMA, comments, "Doctor Zako's lecture on the litigation crisis in Michigan was a real eye-opening experience for me. Many students had very little knowledge of the situation before his presentation."

In addition, the WSU Student AMA sent members to a number of state and national medical meetings. Members also sat on 11 MSMS committees and over 30 WCMS committees.

2) Work in the community kept Wayne Staters busy as well. Over 40 student members staffed two "Project Health-O-Rama" sites in the city of Detroit, providing screening tests for vision, glaucoma and hearing, as well as various blood tests. These services were provided for over 200 persons. One of the most enjoyable activities of the year was the Student AMA's first Christmas party for over 200 under-privileged and abused children from the Metro area. WCMS members were sponsors.

3) The new Student AMA, with financial support of WCMS, MSMS and the AMA, sponsored two "Coffee House/Jam Sessions" on the WCMS grounds in Detroit. Students provided the impromptu music and comedy.

Along with the AMSA group at Wayne State, the Student AMA supported a Journal Club for medical students.

In 1987-88, WSU students plan to continue active participation in conventions, conferences and committees. A "Spend a day with a State Legislator" program is planned. As Mike Reines, treasurer, points out, "Arguably as important as the basic sciences are the issues facing medicine.

Continued on next page

MEDICAL STUDENTS/ Continued

There is no better time than early in our medical careers to learn the system governing our future profession."

For the community, WSU students plan a speaker's bureau to provide lectures on health topics to interested senior citizen groups, young adults and other specialty groups.

Wayne State student members can look forward to more Coffee Houses, and new clinical skill sessions at WCMS headquarters.

There's a bright new student voice in Wayne County. Although the language of organized medicine is just being learned by Wayne State Student-AMA members, expect to hear more than mere babbling in the second year!

Student-AMA Executive Board

President — Bradley Miller
Vice-President — Melissa A. Stevens
Secretary — Alice Dola
Treasurer — Michael Reines
AMA Delegate — John Hopper
AMA Alternate Delegate — Brian Krauss
MSMS Delegate — Maureen Storen
MSMS Alternate Delegate — Stanley H. Kim
WCMS Delegate — Lawrence L. MacDonald
WCMS Delegate — Patricia A. Petrella
Faculty Advisor — Robert D. Allaben, MD
Faculty Advisor — Charles C. Vincent, MD

Medical students at Wayne State University give blood tests in local health fairs. Participating in Project Health-O-Rama, above, are three of the students.

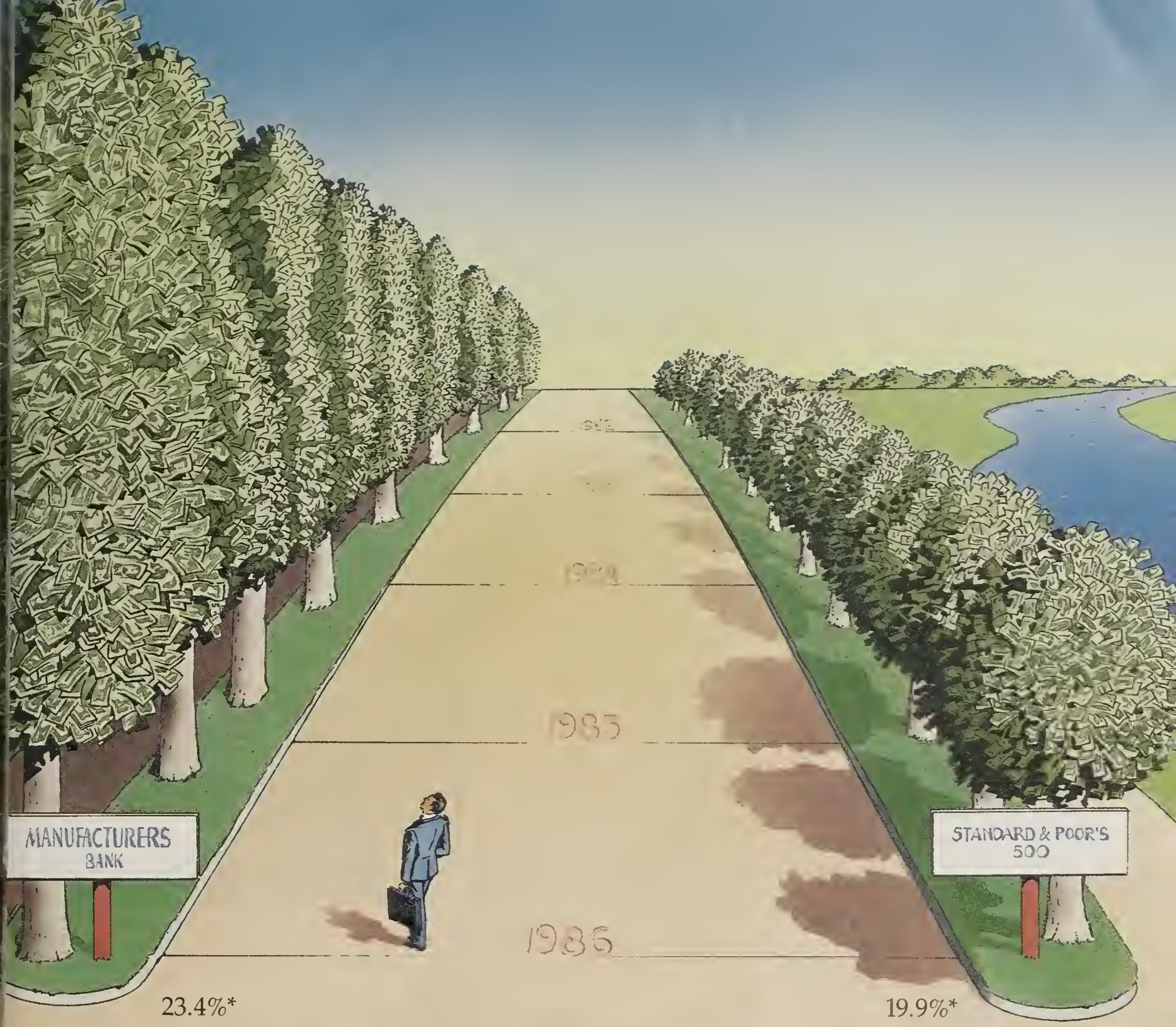
The American Medical Association-Medical Student Section and Michigan State Medical Society chapter at The University of Michigan Medical School has become an increasingly more popular organization. Membership has increased nearly 50 percent since 1985.

Officers for 1987-1988 are —

President — James Ilko
Vice President — Anthony Sellars
Vice President for fundraising — David Hwang
Treasurer — Doug Hoffmann
Secretary — Juan Vasquez
AMA Delegate — Curt Mack
AMA Alternate Delegate — Mary Mancewicz
MSMS Delegate — Andrew Bush
MSMS Alternate Delegate — Dennis Keane

Some of these individuals are leaders on the national level as well as on the local level. Mary is the national coordinator for the American Medical Women's Association and James is the vice chairman of the Advisory Panel to the AMA-MSS Governing Council. Locally, Juan is a vice president for the Latin American

Continued on page 668



Why Individual Investors Should Compare The Growth Of Investment Funds.

For private investors, an investment fund's growth is an excellent measure of an institution's expertise. And at Manufacturers Bank, personal investments receive the same careful research and structure that pension investments do. That's why you should take a good look at the performance of Manufacturers' Equity Fund.

Our Equity Fund's five year annualized total rate of return has *substantially* outperformed the Standard and Poor's 500 Index. If this is the kind of consistency we bring to an employee benefit program, imagine how we can make your personal investments flourish.

We offer a broad range of trust, investment and planning services that can be tailored to meet your individual needs. So if you're looking for a personal trust or investment plan that gets the same kind of attention as institutional accounts, call Manufacturers' Private Banking Department at 313-222-5879.

Data: SEI Funds Evaluation Services, an independent service. Market conditions fluctuate and these figures are not an indication of future results. The S&P 500 Index is a registered trademark of the Standard & Poor's Corp., New York, N.Y.

MANUFACTURERS BANK

Bank where business banks.

*Five Year Annualized Total Rate of Return (As of December 31, 1986)

MEDICAL STUDENTS/Continued

Native American Medical Association and Anthony is the Admissions Office liaison for the Black Medical Association.

The University of Michigan chapter has a number of projects. The chapter cosponsors, with the U-M Medical Student Council Advocates and the Office of Student Affairs, a speaker series on third-year clerkships. The purpose is to expose second year students to medical specialties and inform them of their options in selecting rotations.

We also provide a textbook cooperative. This allows AMA/MSMS members to purchase their required texts at a 15 percent discount below list prices. Area stores only provide a five percent discount.

Our chapter also cosponsors a blood pressure screening program with the nursing students in cooperation with local shopping malls, fairs, and antique markets.

Our other community service project is an elementary school program. We are in the process of obtaining a "Sesame Street"-type skit with music and costumes to teach the children coping skills to deal with substance abuse, cigarette smoking, and alcohol abuse. This skit has been very well received by the health education community and the medical students are excited to have the opportunity to participate.

To fund our projects, we have been selling The University of Michigan Medical School clothing to students. So far, we have been successful enough to pay for our projects, but we will need additional funds to obtain the program for our elementary school project. We hope to send out a catalogue to our alumni in time for Christmas and Hanukkah.

T-shirt and sweatshirt sales help fund University of Michigan medical students' projects. Staffing a booth the first week of classes are, from left, Jim Chin, editor, U-M AMA newsletter; Juan Vasquez, student group secretary, and David Hwang, vice president for fund raising.

Increased student participation at The University of Michigan has been the most rewarding aspect of recruitment. While only two U-M students attended the MSMS convention last December, five attended the AMA-MSS annual convention this past June and six attended the September MSMS Student Governing Council. Later in September, two to three students attended the AMA Medical Student Conference in Columbia.

Ninety-five students attended our chapter's first organizational meeting, among which we have found 15 enthusiastic students who are excited about participating on MSMS committees in 1988.

We thank the MSMS Board of Directors for the opportunity to allow one student from each medical school to participate on each of these committees and for the opportunity to present ourselves to the state medical community through this issue of *Michigan Medicine*. We are working to establish a close relationship with the Washtenaw County Medical Society and we are looking forward to being able to participate within this organization. □

To show you how many
hypertensives stayed on
INDERAL® LA
(PROPRANOLOL HCl)
after a major nationwide trial...

...we had
to find
just the
right room.

0,073 patients (90%) who started on NDERAL LA stayed on INDERAL LA.[1*]

urprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.

A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol — which shows how well-tolerated once-daily INDERAL LA can be.

ole therapy or concomitant therapy? ifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY
INDERAL® LA
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...
NEW LOW DOSE
INDERAL® LA 60 mg
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg 80 mg 120 mg and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60, 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings however such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension it may be used alone or used in combination with other antihypertensive agents particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

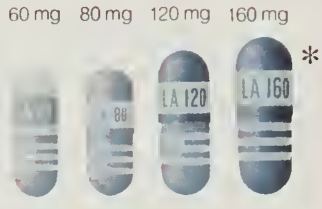
Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina palpitations and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES



CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock 2) sinus bradycardia and greater than first-degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely or INDERAL should be discontinued (gradually, if possible)

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema) — PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case, this resulted after an initial dose of 5 mg propranolol.

PRECAUTIONS. GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lead to return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe hea disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as rese pine should be closely observed if INDERAL is administered The added catecholamine blocking action may produce an excessive reduction of resting sympathetic nervous activit which may result in hypotension, marked bradycardia vertigo, syncopal attacks, or orthosta hypotension

Caution should be exercised when patients receiving a beta blocker are administered calcium-channel-blocking drug especially intravenous verapamil, for both agents may de press myocardial contractility or atrioventricular conduction On rare occasions, the concom tant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions especially in patients with severe cardiomyopathy, congestive heart failure or recent myoca dial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased plasm levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly wit propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomitant with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination an increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies i animals have been conducted to evaluate toxic effects and carcinogenic potential In 18 month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was n evidence of significant drug-induced toxicity There were no drug-related tumorigenic effects at any of the dosage levels Reproductive studies in animals did not show any impairment o fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotoxic i animal studies at doses about 10 times greater than the maximum recommended human dose There are no adequate and well-controlled studies in pregnant women INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exercise when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure, intensification of AV block, hypotension; paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type

Central Nervous System Light-headedness, mental depression manifested by insomnia, lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, visual disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics For immediate formulations, fatigue, lethargy and vivid dreams appear dose related

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea constipation, mesenteric arterial thrombosis ischemic colitis

Allergic. Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress

Respiratory Bronchospasm

Hematologic. Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL INDERAL LA has different kinetics and produces lower blood levels Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval

HYPERTENSION — *Dosage must be individualized* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 640 mg may be required The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks

ANGINA PECTORIS — *Dosage must be individualized* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS).

MIGRAINE — *Dosage must be individualized* The initial oral dose is 80 mg INDERAL LA once daily The usual effective dose range is 160-240 mg once daily The dosage may be increased gradually to achieve optimal migraine prophylaxis If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued It may be advisable to withdraw the drug gradually over a period of several weeks

HYPERTROPHIC SUBAORTIC STENOSIS — 80-160 mg INDERAL LA once daily

PEDIATRIC DOSAGE — At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

---

REFERENCES:

1. INDERAL LA National Compliance Evaluation Program Data on file, Ayerst Laboratories.
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985, 145 1321-1323

1R7119/887

Ayerst®

AYERST LABORATORIES
New York, NY 10017

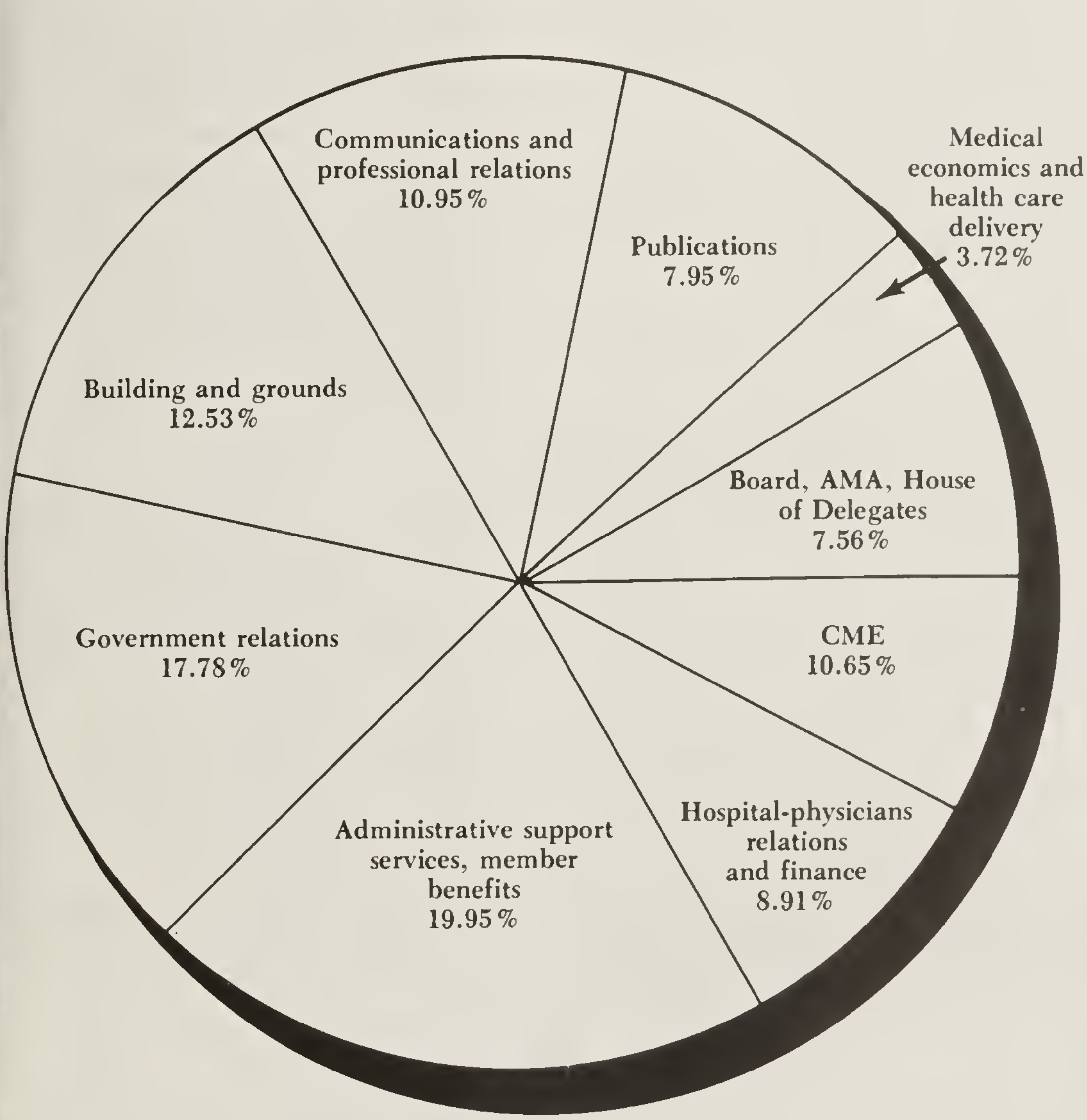
© 1987 Ayerst Laboratories

Where your dues go:

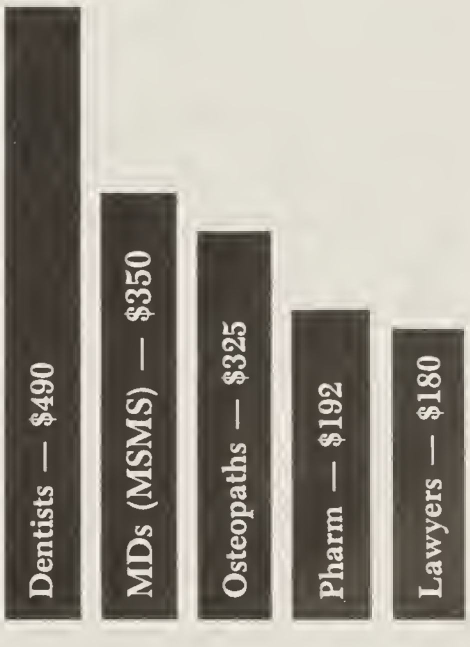
Membership fees for your state medical society, which are $350 for 1988, are parceled out prior to the MSMS fiscal year which begins December 1. Making the decisions are members of the Finance Committee of the MSMS Board of Directors, chaired by Jack Barry, MD.

The Finance Committee acts on the recommendations of the MSMS Budget Subcommittee to the Finance Committee and spends many hours during the fall months analyzing every projected expense and revenue item. They obtain final approval for the budget from the MSMS Board of Directors.

The pie chart below illustrates the distribution of MSMS income from dues and other sources to MSMS program areas. It is published to give MSMS members a clearer idea of how MSMS revenues are spent. ☐



What other Michigan professionals pay in dues:



Component societies have close ties to Board and staff

Every component medical society is represented on the MSMS Board of Directors by one or more elected physicians, depending on the size of that group's membership. In addition, an MSMS staff member is assigned as liaison and resource person to each component society. These contact persons are indicated below.

ALLEGAN COUNTY
Director: B. David Wilson, MD
Staff: Kirk McMurray

ALPENA-ALCONA-PRESQUE ISLE COUNTIES
Director: James L. Fenton, MD
Staff: Dan Farhat

BARRY COUNTY
Directors: Jack R. Chase, MD
Kornelius Van Goor, MD
Staff: Katie Brewbaker

BAY-ARENAC COUNTIES
Director: James L. Fenton, MD
Staff: Vada Davis

BERRIEN COUNTY
Director: B. David Wilson, MD
Staff: Katie Brewbaker

BRANCH COUNTY
Director: Lionel E. Dorfman, MD
Staff: Sheila Nicholas

CALHOUN COUNTY
Director: Lionel E. Dorfman, MD
Staff: Terry Vanderveen

CASS COUNTY
Director: B. David Wilson, MD
Staff: Vada Davis

CHIPPEWA-MACKINAC COUNTIES
Director: Carl F. Hammerstrom, MD
Staff: Dan Farhat

CLINTON COUNTY
Director: Thomas C. Payne, MD
Staff: Tom White

DELTA COUNTY
Director: Carl F. Hammerstrom, MD
Staff: Dan Farhat

DICKINSON-IRON COUNTIES
Director: Kenneth E. Rowe, MD
Staff: Dan Farhat

EATON COUNTY
Director: Thomas E. Payne, MD
Staff: Judy Marr

GENESEE COUNTY
Director: Richard L. Rapport, MD
Staff: John Richards

GOGEBIC COUNTY
Director: Kenneth E. Rowe, MD
Staff: Dan Farhat

GR. TRAVERSE-LEELANAU-BENZIE COUNTIES
Director: John W. Hall, MD
Staff: Sherry Wellman/David Fox

GRATIOT COUNTY
Director: Jack L. Barry, MD
Staff: Tom White

HILLSDALE COUNTY
Director: Thomas E. Payne, MD
Staff: Linda Munson

HOUGHTON-BARAGA-KEWEENAW
Director: Kenneth E. Rowe, MD
Staff: Dan Farhat

HURON COUNTY
Director: Kenneth B. Herrington, MD
Staff: Sherry Fent

INGHAM COUNTY
Director: Thomas E. Payne, MD
Staff: Judy Marr

IONIA-MONTCALM COUNTIES
Directors: R. Jack Chase, MD
Kornelius Van Goor, MD
Staff: Katie Brewbaker

IOSCO COUNTY MEDICAL SOCIETY
Director: James L. Fenton, MD
Staff: Kirk McMurray

ISABELLA-CLARE COUNTIES
Director: Jack L. Barry, MD
Staff: Vada Davis

JACKSON COUNTY
Director: Thomas E. Payne, MD
Staff: Terry Vanderveen

KALAMAZOO COUNTY
Director: B. David Wilson, MD
Staff: Debbie Zannoth

KENT COUNTY
Directors: R. Jack Chase, MD
Kornelius Van Goor, MD
Staff: Kevin Kelly

LAPEER COUNTY
Director: Kenneth B. Herrington, MD
Staff: Sherry Fent

LENAWEE COUNTY
Directors: Fred E. Patterson, MD
Marguerite Shearer, MD
Staff: Linda Munson

LIVINGSTON COUNTY
Directors: Fred E. Patterson, MD
Marguerite Shearer, MD
Staff: Judy Marr

LUCE COUNTY
Director: Carl F. Hammerstrom, MD
Staff: Dan Farhat

MACOMB COUNTY
Directors: Billy Ben Baumann, MD
Peter A. Duhamel, MD
Earl G. Moehn, MD
Staff: Sherry Wellman/David Fox

MANISTEE COUNTY
Director: John W. Hall, MD
Staff: Sherry Wellman/David Fox

MARQUETTE-ALGER COUNTIES
Director: Carl F. Hammerstrom, MD
Staff: Dan Farhat

MASON COUNTY
Director: Robert E. Paxton, MD
Staff: Wayne Burmeister

MECOSTA-OSCEOLA-LAKE COUNTIES
Director: Robert E. Paxton, MD
Staff: Wayne Burmeister

MENOMINEE COUNTY
Director: Kenneth E. Rowe, MD
Staff: Dan Farhat

MIDLAND COUNTY
Director: Jack L. Barry, MD
Staff: Tom White

MONROE COUNTY
Directors: Marguerite Shearer, MD
Fred E. Patterson, MD
Staff: John Richards

MUSKEGON COUNTY
Director: Robert E. Paxton, MD
Staff: Dan Farhat

NEWAYGO COUNTY
Director: Robert E. Paxton, MD
Staff: Wayne Burmeister

NORTH CENTRAL
Director: James L. Fenton, MD
Staff: Mary Anne Ford

NORTHERN MICHIGAN
Director: John W. Hall, MD
Staff: Debbie Zannoth

OAKLAND COUNTY
Directors: Billy Ben Baumann, MD
Peter A. Duhamel, MD
Earl G. Moehn, MD
Staff: Terry Vanderveen

OCEANA COUNTY
Director: Robert E. Paxton, MD
Staff: Sheila Nicholas

ONTONAGON COUNTY
Director: Kenneth E. Rowe, MD
Staff: Dan Farhat

OTTAWA COUNTY
Directors: R. Jack Chase, MD
Kornelius Van Goor, MD
Staff: Richard Campau

SAGINAW COUNTY
Director: Jack L. Barry, MD
Staff: Mary Anne Ford

ST. CLAIR COUNTY
Director: Kenneth B. Herrington, MD
Staff: Richard Campau

ST. JOSEPH COUNTY
Director: Lionel E. Dorfman, MD
Staff: Sheila Nicholas

SANILAC COUNTY
Director: Kenneth B. Herrington, MD
Staff: Sherry Fent

SCHOOLCRAFT COUNTY
Director: Carl F. Hammerstrom, MD
Staff: Dan Farhat

SHIAWASSEE COUNTY
Director: Richard L. Rapport, MD
Staff: Kirk McMurray

TUSCOLA COUNTY
Director: Jack L. Barry, MD
Staff: Debbie Zannoth

VAN BUREN COUNTY
Director: B. David Wilson, MD
Staff: Mary Anne Ford

WASHTENAW COUNTY
Directors: Fred E. Patterson, MD
Marguerite Shearer, MD
Staff: Linda Munson

WAYNE COUNTY
Directors: Susan Adelman, MD
Robert R. Black, MD
Richard P. Horsch, MD
W. Peter McCabe, MD
Arthur A. Ulmer, MD
Frank B. Walker, MD
Staff: William Madigan

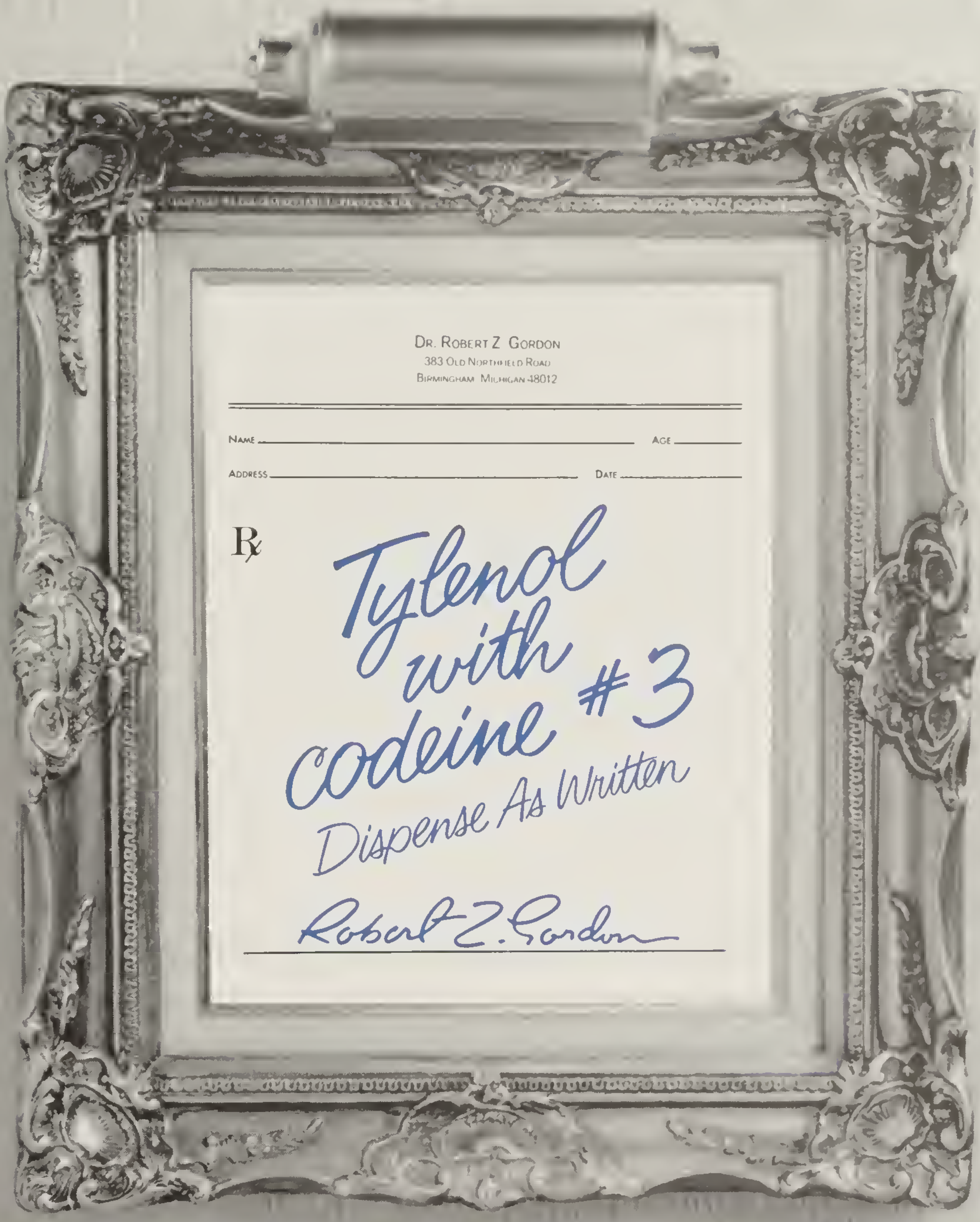
WEXFORD-MISSAUKEE COUNTIES
Director: John W. Hall, MD
Staff: Richard Campau

Whom To Call At MSMS Headquarters

Executive Director: William E. Madigan
Assistant Director: Kevin A. Kelly

Address changes	Peg Berry
Advertising (in *Michigan Medicine*)	Betty McNerney
AMA Delegation	Sherry Wellman
Annual Scientific Meeting Program	Sherry Fent
Arbitration	Mary Anne Ford
Auto Lease Plan	Wayne Burmeister
Blue Cross Blue Shield/Third Party Payors	Thomas White
Board of Medicine	Dan Farhat
Continuing Medical Education	
Accreditation	Katie Brewbaker
Category I Calendar (in *Michigan Medicine*)	Sherry Fent
MSMS-Sponsored Conferences	Sherry Fent
Dues Billing & Payments	Peg Berry
Financial Operations	Richard Campau
Graduate Medical Education	Sherry Fent
Health Education Foundation	Vada Davis
HMOs/PPOs	Thomas White, Debbie Zannoth
Hospital Medical Staff Relations	Debbie Zannoth
Impaired Physicians Program	Katie Brewbaker
Judicial Commission	Katie Brewbaker
Legislation	Terry Vanderveen
Loss Prevention Risk Management	Dan Farhat
Maternal Health Conference	Sherry Fent
Media Relations	David Fox
Medicaid	Mary Anne Ford
Medical Assistants	Caroline Rich
Medical Ethics	Katie Brewbaker
Medicare	Debbie Zannoth
Medigram	Judy Marr
Member Benefits (Including insurance programs)	Wayne Burmeister
Membership Records	Peg Berry
Michigan Allergy Society	Viola Heins
Michigan Association for Medical Education	Viola Heins
Michigan Doctors Political Action Committee	Kevin Kelly, Dan Farhat
Michigan Chapter, American College of Surgeons	Viola Heins
Michigan Medicine (MSMS Journal)	Judy Marr, Betty McNerney
Michigan Society of Anesthesiologists	Caroline Rich
Michigan Society of Internal Medicine	Caroline Rich
Michigan Society of General Surgeons	Caroline Rich
Michigan Society of Pathologists	Viola Heins
Michigan Society of Respiratory Therapy	Caroline Rich
MSMS Auxiliary	Viola Heins
MSMS Committee Meeting Schedule	Katie Brewbaker
MSMS House of Delegates	Richard Campau
MSMS Meeting Facilities	Linda Munson
MSMS Travel Programs	Donna Farougi
Public Information	Kirk McMurray
Peer Review Organization of Michigan (PROM)	John Richards
Physician Legislative Network	Dan Farhat
Physician Service Group, Inc.	John Richards
Practice Management	John Richards
Professional Liability Insurance	Richard Campau
Public Health Liaison	Mary Anne Ford
Public Relations	Sherry Wellman
Specialty Societies	Donna Farougi

MICHIGAN STATE MEDICAL SOCIETY, 120 W. SAGINAW ST., BOX 950, EAST LANSING, MI 48826-0950 517/337-1351



DR. ROBERT Z GORDON
383 OLD NORTHFIELD ROAD
BIRMINGHAM MICHIGAN 48012

NAME ______ AGE ______
ADDRESS ______ DATE ______

℞ Tylenol with codeine #3
Dispense As Written

Robert Z. Gordon

CREATE A SIGNED ORIGINAL

to be sure your patients get...

Tylenol®
ACETAMINOPHEN
with codeine
phosphate
TABLETS Ⓒ-III ELIXIR Ⓒ-V

Tablets: Contain Codeine Phosphate*: No. 3 — 30 mg;
No. 4 — 60 mg — plus Acetaminophen 300 mg.
Elixir: Each 5 mL contains 12 mg Codeine Phosphate* plus
120 mg Acetaminophen (Alcohol 7%).
*Warning: May be habit forming.

© McNEILAB, INC., 1987

TYCT 6445-A

An IRA and Clifford Trust alternative

By Richard L. Greene, CFP and William Weckesser

Cash value life insurance, in the forms of universal life, variable life, single premium life and interest sensitive whole life have offered extremely competitive rates of return.

The Tax Reform Act of 1986 has taken away many favorite tax shelters. For most physicians an IRA is no longer deductible; Clifford trusts are gone, and custodial accounts for children under 14 are taxed at the parents' rate. However, most people will continue to earmark savings for retirement and their children's education. So the question now is, "where to put the money?"

There is one investment vehicle which survived tax reform, retaining many of the advantages of the sheltered accounts, as well as producing some unique benefits of its own. But taking advantage of this vehicle may demand a fundamental change in one's investment philosophy. It's time to man the logic lasers and blast away at any mental blocks against cash value life insurance.

Many physicians formed opinions about life insurance before "interest sensitive" cash value policies were widely available. Images of poor investment returns, agents lurking near doctor's lounges and accounts coldly advising "buy term and invest the difference" come to mind.

The authors, Mr. Greene and Mr. Weckesser are with Mason Greene Financial Plans, Inc., East Lansing. They have presented programs through MSMS' Physician Service Group.

Life insurance as an IRA alternative

Assume contributions of $2,000/year for 20 years
beginning at age 40, 28% tax bracket
All figures net after tax and penalties for early withdrawal

PRE-RETIREMENT VALUES

	Life Insurance	**IRA @ 8%**
Initial Death Benefit	$ 81,811	$ 2,000
10 Years		
Net Surrender	23,909	26,435
Net Death Benefit	96,602	27,564
20 years (Age 60)		
Net Surrender	75,190	73,542
Net Death Benefit	162,241	79,426
At Age 65:		
Net Surrender	102,732	95,226
Net Death Benefit	206,642	95,226

RETIREMENT CASH FLOWS — AGE 65 to 85

	Life Insurance	**IRA @ 8%**
Annual Retirement Benefit		
Gross	$ 10,000	$ 10,000
Net After Tax	10,000*	8,161**
Age 75		
Cumulative Gross Income	100,000	100,000
Cumulate Net Income	100,000	78,957
Net Death Benefit	214,895	75,109
Age 85		
Cumulative Gross Income	200,000	200,000
Cumulate Net Income	200,000	154,177
Net Death Benefit	192,642	41,369

*Life Insurance cash flow from dividends and policy loans

**Net Income after tax will decrease yearly due to decreasing basis affecting exclusion allowance

At one time a bias against cash value policies may have been valid. But times have changed. And opinions should too.

Since the early 1980s cash value life insurance, in the forms of universal life, variable life, single premium life and interest sensitive whole life have offered extremely competitive rates of return.

Further, the life insurance industry emerged from Tax Reform Act virtually unscathed. Nearly all of its traditional tax advantages remained. Tax deferred build-up of cash values, tax free death benefits, “first-in, first-out” (FIFO) withdrawals and favorable loan provisions all survived the scrutiny of the reformers.

Insurers will be quick to exploit these advantages and already myriad new types of plans have hit the market. Let’s see what one of these plans can do for Fred Physician, MD.

The problem

Fred has been faithfully putting $2,000 a year into a bank IRA earning eight percent and enjoying the tax deduction. Next year, there’s no deduction. Fred still wants to save, but wonders if there’s a better way.

The answer

Have Fred now make his $2,000 contribution into a cash value life plan with a high dividend-paying mutual company. Assume 20 years of deposits.

Continued on next page

ATTENTION HEALTH PROFESSIONALS!

Gerald Faverman, Ph.D. • *Chairman of the Board*
Craig Ruff • *President*
October 1987

PSC

HEALTH POLICY BULLETIN

NEW PUBLICATION Public Sector Consultants introduces the *Health Policy Bulletin*. Published monthly, the bulletin focuses on public policy issues, opinion leaders, and processes that affect the health care delivery system and its financing. We emphasize policy making in Michigan state government, but from time to time refer to events at the federal and local levels and in other states that may influence health policies.

The *Health Policy Bulletin* is available by subscription for $95 a year. To order, write to Public Sector Consultants, Inc., Knapp’s Centre, 300 South Washington Square, Suite 401, Lansing, MI 48933 or call 517/484-4954.

The accompanying charts compare pre-retirement and post-retirement, net, after tax surrender values, death benefits and income.

PRE-RETIREMENT CASH FLOWS

Conventional IRA
Alternative Life Insurance

*The retirement cash flows from the life insurance program are a result of recovery of the policy's basis—or the amount contributed—via withdrawals during the first three years and policy loans from the fourth year thereafter. Interest on the loan is cumulative. Surrender values and death benefits are net of the total loan.

Problem number two

The life insurance is obviously an attractive retirement program. But Fred also has $10,000 he was going to put into a Clifford Trust for eight year old Fred Jr.'s college education, which begins in 10 years. Now where should he invest?

The answer

Fred deposits the $10,000 into his IRA alternative policy, and buys a single premium paid addition. This will increase the 10th year gross cash value from $24,973 to $49,728. The basic of $30,000 ($10,000 plus $2,000 for 10 years) can be removed tax free, over 4 years—ten years from now to help put Fred Jr. through college.

There are, however, a few caveats to these strategies. Once withdrawals and loans from the policies have exceeded the basis, termination of the policy could trigger a taxable event. To avoid this, don't cancel the policy to get the cash out. Instead, take out all but a small amount which could fund a reduced paid-up policy.

Is all this too good to last? When will the IRS level its sights on this, one of the last remaining tax shelters? Probably sooner than later.

But traditionally, changes in life insurance have "grandfathered." For instance, in the early 80s the insurance industry's single premium deferred annuities offered high tax deferred interest accounts with FIFO withdrawals. These were great programs for millions of Americans. So naturally the IRS changed the rules. Withdrawals on new policies would, henceforth, have "last-in, first-out" (LIFO) provisions. However, and critically important, all annuities issued prior to August 14, 1982 retained their FIFO withdrawal privilege.

If this pattern holds true, there is a window of opportunity to establish a long-term, tax-favored investment vehicle that may not be available in the future.

Physicians interested in these new "investment grade" life insurance programs can get additional information by calling the MSMS Physicians Service Group at (517)337-1351. ☐

"I work hard so I can afford the good life, but I'm too tired to enjoy it."

Depressed and anxious, she's sitting out life instead of living it

From "looking"...

ROCHE Copyright © 1987 by Roche Products Inc. All rights reserved.

FOR FAST RELIEF OF MODERATE DEPRESSION AND ANXIETY

See the difference in the first week[1]

Limbitrol® Limbitrol® DS

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) (IV)

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) (IV)

PROTECT YOUR DECISION. WRITE "DO NOT SUBSTITUTE."

Please see summary of product information on adjacent page.

FROM LOOKING...TO LIVING...

to smiling again!

The rewards of Limbitrol

in moderate depression and anxiety:

- Rapid results—62% of total four-week improvement within a week versus 44% with amitriptyline[1]
- Earlier relief of associated somatic complaints[2]
- Fewer dropouts due to side effects—only ⅓ the rate of those patients taking amitriptyline, although the incidence of side effects is comparable[1]
- Fast improvement with less amitriptyline—⅓ to ½ the dose of patients taking amitriptyline alone[3]

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

SEE THE DIFFERENCE IN THE FIRST WEEK[1]

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓘⓥ

PROTECT YOUR DECISION. WRITE "DO NOT SUBSTITUTE

References: 1. Feighner JP, *et al: Psychopharmacology* 61:217-225, Mar 22, 1979 **2.** Data on file, Hoffmann-La Roche Inc., Nutley, NJ. **3.** Dixon R, Cohen J: *J Clin Psychopharmacol* 3:107-109, Apr 1983.

Limbitrol® Ⓘⓥ
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved Contraindicated during acute recovery phase following myocardial infarction.

Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving).

> ***Usage in Pregnancy:* Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage, withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).

Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady state concentrations of the tricyclic drugs. Concomitant use of Limbitrol with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12. In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects

Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline Granulocytopenia, jaundice and hepatic dysfunction have bee observed rarely.

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:

Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmia heart block, stroke.

Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.

Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramid symptoms, syncope, changes in EEG patterns.

Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.

Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.

Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.

Gastrointestinal. Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.

Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and mino menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion

Other. Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling

Overdosage: Immediately hospitalize patient suspected of having taken an overdose Treatment is symptomatic and supportive I.V administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.

Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained Larger portion of daily dose may be taken at bedtime Single h.s. dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses.

How Supplied: *Double strength (DS) Tablets*, white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets*, blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt). Available in bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.

ROCHE®
ROCHE PRODUCTS INC.
Manati, Puerto Rico 00701

P.I. 058

Order these brochures for your breast cancer patients

Breast Cancer Treatments:

A Helpful Guide For *You*

From discovering a lump to recovering from surgery or other treatment — an MSMS brochure details the steps taken when breast cancer is diagnosed. "Breast Cancer Treatments: A Helpful Guide for You" is a pamphlet designed to answer many of the questions and allay some of the fears your patients will have.

Fifty copies are available to you at no charge by writing Arlyn Wilson, Michigan State Medical Society, PO Box 950, East Lansing 48826-0950. Additional copies available for a nominal fee.

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6100

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI 48033
313/851-3058

— Since 1968 —

WARDE
MEDICAL LABORATORY

2008 Hogback Road, Ann Arbor, Michigan 48105, (313) 973-1110

V. A. Bernstam, M.D., Ph.D.
Medical Director

Comprehensive Reference Laboratory Services
INCLUDING

- Alpha-fetoprotein
- HIV Screening and confirmation
- Coronary risk evaluation with Apolipoprotein levels
- Toxicology/Drugs of abuse with GC-MS confirmation.

SPECIMEN COLLECTION AVAILABLE IN
ANN ARBOR, LANSING, AND DETROIT METROPOLITAN AREAS

TAKE THE HEADACHE
OUT OF YOUR PRACTICE!

℞ ***MICHIGAN HEALTH BILLING & COLLECTION SERVICE***

We are a company dealing exclusively with physician's billing and collection

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING & COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

Confidence: Saying yes to:

- Staying in Michigan.
- Insuring with Michigan Physicians Mutual Liability Company (MPMLC).
- Getting early-year "claims-made" premium savings.
- Keeping the coverage at least seven years.
- Retiring at age 60 (or older) and getting free "tail" protection.

For "claims-made" or occurrence coverage, please contact:

Michigan Physicians
mutual liability company

Underwriting Department: (517) 351-1150
1-800-292-1926

Marketing Department: (313) 647-5550

Update: eye project for elderly

A total of 50 elderly Michigan residents have been examined and treated for a potentially blinding eye disease related to diabetes in a public service program sponsored by the state's eye physicians and surgeons.

In addition, the program has uncovered more than 992 cases of cataracts, 96 cases of glaucoma, and 211 cases of macular degeneration. The project is designed to bring needed medical eye care and information to the nation's disadvantaged elderly.

Since it started in March 1986, more than 4,927 Michigan residents have called the toll-free Helpline, 1-800-222-EYES (3937) of the National Eye Care Project, sponsored by the Foundation of the American Academy of Ophthalmology and the Michigan Ophthalmological Society. Nationwide, more than 185,000 people have dialed the toll-free Helpline.

"The elderly often feel that nothing can be done to prevent blindness, or they lack the financial resources to seek needed treatment. We're working to remove these obstacles," said Frederick W. Bryant, MD, president of the Michigan Ophthalmological Society, and MSMS president-elect.

He pointed out that 34 percent of Helpline patients had *never* had an eye exam until they called the toll-free number.

By calling the Helpline, US citizens or legal residents 65 and over who do not already have access to an eye physician are eligi-

Michigan State Medical Society

It's everything special under the sun..........

mv THE AZUR

February 22-29 1988
March 14-21 1988

From $849.00 per person
Detroit Departure

This unique itinerary offers you an unforgettable cruise experience visiting San Juan and its walled city; the busy waterfront of Charlotte Amalie in St. Thomas; Dominica-a tropical hothouse of exotic plants, animals and people;Bequia-a sundrenched paradise; Barbados-very British, friendly , and very beautiful; Martinique-birthplace of Napoleon's Josephine, and where Gaugin lived and worked; St. Kitts- rich in vegetation and virgin rain forests alive with the sound of hummingbirds.

SPACE IS LIMITED!
SIGN UP SOON!

OPEN TO MEMBERS,THEIR FAMILIES AND FRIENDS.

TOUR INCLUDES
- Round-trip L-1011 jet air transportation.
- Seven days cruising to seven exciting ports of call.
- Eight meals per day.
- Transfers via air-conditioned motorcoaches and porterage.
- Trans Global Tours escort will host your cruise.
- And much, much more.....

FOR ADDITIONAL INFORMATION
CALL OR WRITE:
TRANS GLOBAL TOURS, INC.
8200 Normandale Boulevard, Suite 504
Minneapolis, MN 55437
USA toll Free:: 1-800-328-6264

OR
MICHIGAN STATE MEDICAL SOCIETY
ATTN:DONNA FAROUGI
120 West Saginaw Street
East Lansing, Michigan 48826-0950
(517) 337-1351

ble to receive services. Volunteer ophthalmologists treat program participants at no out-of-pocket cost, and will accept Medicare assignment or insurance coverage as payment in full (for this project only). For the truly needy with no Medicare coverage, care is offered without charge. Information on eye diseases affecting the elderly is sent to all interested callers.

Through the Eye Care Project, ophthalmologists work with local hospitals to make hospital care available at no cost for those who need it. Hospital charges, eye glasses and prescription drugs are not paid through the program.

The National Eye Care Project is open weekdays, 8 am to 5 pm.

Medicaid tracks prescription abuse

By La Claire G. Bouknight, MD

Michigan has the highest number of illegally diverted prescription drugs in the country.

The Drug Enforcement Agency reports that the Detroit area ranks second in per capita distribution of codeine. Codeine (Schedule II) is the major abuse drug of all scheduled medicines. A few physicians have written as many as 10,000 scripts for codeine in one year.

There has been an apparent decline in the availability and use of amphetamines (Schedule II), barbituates (Schedule II-III) and sedative/hypnotics (Schedule IV) in Michigan since the early 1980s.

The explanation for this is not entirely clear, but a decrease in amphetamine use historically co-

Continued on page 695

You've Known Us
For Our Quality...
Now Test Our Service

M Labs
Department of Pathology
University of Michigan
Medical Center

Specialty Reference Laboratory Testing
- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology
- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

1500 E Medical Center Drive
Medical Science Bldg I
M5221/0602
Ann Arbor MI 48109-0602

313-936-2598
800-862-PATH

Peter A Ward MD
Chairman

Kenneth D McClatchey MD
Associate Chairman
Director M Labs

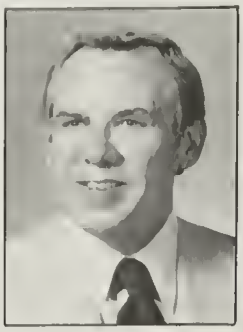
Eugene M Silverman MD
Associate Director, M Labs

PHYSICIANS IN THE NEWS

Jones

Walt

Gell


Bowman

Swanson

David E. Kuhl, MD, chief of the Division of Nuclear Medicine at the University of Michigan Medical Center, has been selected to receive the 1987 Steven C. Berring Award, given by the Indiana University School of Medicine annually to an outstanding medical investigator. . . . **Merle Rydesky, MD**, Southfield, has retired as director of the Providence Hospital emergency room. He was honored with a proclamation and plaque at the City Council meeting for his years of service. . . . **St. John Hospital in Detroit has presented two awards: Donn Schroder, MD**, East Detroit, won the Anthony B. Chambors Award for having the best overall score for the year on surgical text reviews and **Gregory Utter, MD**, St. Clair Shores, was named Resident of the Year for his outstanding academic performance in obstetrics and gynecology. . . . **Margaret Z. Jones, MD**, Michigan State University professor of pathology, recently presented lectures in China, then traveled to Japan to plan research projects with Fumito Matsumura, former director of the MSU Pesticide Research Center. . . . **Douglas McKeag, MD**, East Lansing, has been named a trustee of the American College of Sports Medicine. . . . **Alexander Walt, MD, ChB**, will step down this fall after more than 21 years as chairman of the Department of Surgery for the Wayne State University School of Medicine. Doctor Walt is an internationally respected surgeon who is noted for his work in trauma medicine. Wayne State University Dean Henry L. Nadler, MD, has recommended **David Fromm, MD**, to succeed Doctor Walt as the new department chairman. Concurrently, Doctor Fromm will be appointed to replace Doctor Walt as physician-in-chief of surgery of The Detroit Medical Center and chief-of-surgery of Harper-Grace Hospitals. Doctor Fromm will join the WSU faculty from his current position as professor and chairman of the department of surgery of the State University of New York-Health Science Center at Syracuse. . . . **James W. Gell, MD**, Bloomfield Hills, has been elected chairman of the Michigan Section of The American College of Obstetricians and Gynecologists. . . . **Harold Bowman, MD**, Lansing, director of pathology at St. Lawrence, has been named chairperson of the medical/scientific advisory committee for the American Red Cross. . . . **Pedro Hani, MD**, Detroit, senior fellow in critical care at Detroit Receiving Hospital and University Health Center, has been selected to attend the first Annual Scientific Symposium and Fellowship Conference of the Society of Critical Care Medicine, in LaCosta, California. . . . A gift of $1.5 million by **Jeanne Lusher, MD**, of Pontiac will be used to establish a chair in hematology in memory of her late friend and colleague, **Marion I. Barnhart, PhD**, at the Wayne State University School of Medicine. . . . **Alfred B. Swanson, MD**, was guest speaker at the Association of Surgeons of Southeast Asia Meeting held in Bangkok, Thailand in February. He also lectured at the Tribhuvan University in Kathmandu, Nepal. . . . **Thomas L. Haynes, MD**, East Grand Rapids, has been appointed Director of Medical Resources, Glenbeigh Treatment Center of Kent Community Hospital. Doctor Haynes is an addictionologist

Continued on page 692

How More Than 3000 Doctors Have Eased The Pain Of Managing A Practice.

If your practice is like a lot of others, you often spend more time on office problems than on the health problems of your patients.

Our one easy-to-use, fully-integrated computer system can take care of billing, provide financial updates, help you market your practice. And give you more time to do what you went to medical school for.

"We've found that Medic saves us many hours of paperwork every week. A couple of hours of work is down to 15 minutes."
Jeanine Mielke, office manager, Hahn, Hoard & Taub, M.D., P.A., Boca Raton, Florida

This urology practice uses Medic Computer Systems to electronically transmit many Medicare claims every day. A job that once took a large part of the business day is now done in minutes. And that's only one of the ways that Medic saves time on paperwork.

"It's helped our cash flow tremendously."
Mike Griga, general manager of Mayfield Neurological Institute, Cincinnati, Ohio

Changing the billing system from once a month to once a week is just one way Medic has improved the bottom line of the nation's largest neurosurgery group.

"Any time we've had a problem, Medic has been immediately responsive. They bend over backwards to suit their customers. It's the best money we have ever spent."
Wynne Vaughan, office manager, Capital Pediatric and Adolescent Center, P.A., Raleigh, North Carolina

We'll do whatever it takes to keep your system working. Day or night. We have a toll-free STAT line to handle questions and problems. And there's a STAT PLUS line from our support center to your system for software updates and diagnoses.

"Our practice has doubled and we have not had to add additional billing personnel. Medic has been able to handle whatever we've asked of it."
Nancy Psimas, office coordinator, Portsmouth Orthopaedic Associates, Portsmouth, Virginia

The Medic system can ease the process of sending statements and reduce the number of uncollected bills. Plus, our easy-to-understand printouts help you keep better track of your financial condition.

"Medic's extensive training program for our staff made it easy to introduce the system. We recommend it highly."
Tessa Horne, administrator, Morgantown Ear, Nose & Throat Clinic, Morgantown, West Virginia

"We love the training program. And the updates they do really help," Ms. Horne said. When a practice brings in over 200 patients a day as this one does, the business office has to run smoothly. "Medic does everything we need. It's great."

So if you want to increase the efficiency, productivity and profitability of your practice, take a look at the Medic Computer System.

Over 3000 physicians in more than 800 practices throughout the U.S. are calling it a minor medical miracle.

medic
computer systems

8601 Six Forks Road, Suite 300
Raleigh, North Carolina 27615
Telephone Toll-Free: 1-800-334-8534
In North Carolina Call: 919-847-8102

Other Offices: Orlando, Ann Arbor, Chicago, Cincinnati, Pittsburgh, Richmond, Atlanta

PHYSICIANS/Continued

certified by the AMA Medical Society on Alcoholism and other drug dependencies. . . . **Charles R. Zimont**, MD, Constantine, is honored recipient of the Michigan Academy of Family Physician's 1987 Family Doctor of the Year Award. Doctor Zimont has practiced medicine in Constantine for nearly 30 years. He received the award at the Grand Traverse Resort in Acme, near Traverse City, at the annual meeting of the Michigan Academy of Family Physicians. His name also will be placed in national competition with those of over 50 other physicians from the United States. Doctor Zimont is a past president of the Michigan Academy of Family Physicians, a former delegate of MSMS, past president of St. Joseph County Medical Society and has served on numerous MSMS committees. . . . **Conrad Lam, MD**, Farmington Hills, was honored with the Distinguished Alumni Service Award from the Yale University School of Medicine for his academic and scientific achievements and dedication of service to the Yale School of Medicine. ☐

Zimont

Lam

AIDS SYMPOSIUM
NOVEMBER 5, 1987
7:30 P.M.
CALVIN COLLEGE FINE ARTS CENTER AUDITORIUM
GRAND RAPIDS, MICHIGAN
(East Beltline at Burton)

SPEAKERS: ONE OF THE NATION'S LEADING AIDS RESEARCHERS

WILLIAM A. HASELTINE, PhD (Biophysics) Harvard University
Postdoctoral Fellow, Massachusetts Institute of Technology Center for Cancer Research, Cambridge.
Chief, Laboratory of Biochemical Pharmacology, Dana-Farber Cancer Institute.
Professor, Department of Pathology, Harvard Medical School.
Professor, Department of Biochemical Pharmacology, Dana-Farber

DAVID M. PENCE, MD, Radiology Oncologist, University of Minnesota
Speaker, writer and organizer in Civil Rights
Topic: "AIDS: Public Health Crisis vs. Civil Rights"

A question and answer session will follow.

This program is open to Physicians and Dentists, their spouses and office staff and the invited guests of the Kent County Medical Society.

To register for 3 CME Credits, please send your check for $5.00 to:

Mrs. Rose Heald
MSMS Office
120 W. Saginaw
E. Lansing, MI 48823

Also indicate the number of persons attending.

To avoid parking problems, please arrive early.

Motrin® 800 TABLETS mg
ibuprofen

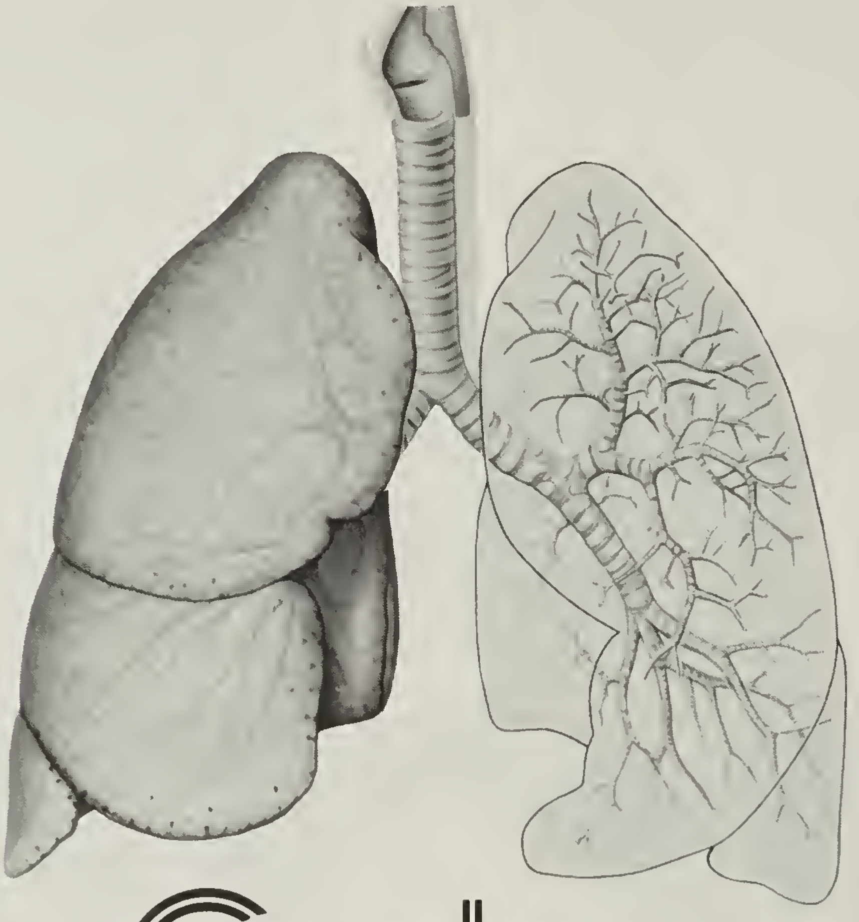
Extra strength
Convenience
Economy

Upjohn
A Century
of Caring
1886·1986

©1986 The Upjohn Company

J-6138 January 1986

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, Streptococcus pneumoniae
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins.

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

[072886R]

PA 8794 AMP

©1987, ELI LILLY AND COMPANY

Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285.

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

700241

incides with an increase in cocaine use. Also, the Michigan Board of Medicine has discouraged use of amphetamines except to treat narcolepsy and attention-deficit disorders in children.

Michigan's Medicaid Program continues to be on alert and to suspend those physicians whose scheduled drug prescribing patterns significantly deviate from those of their peers. Of course, all illegally diverted medicines do not pass through the hands of Medicaid recipients.

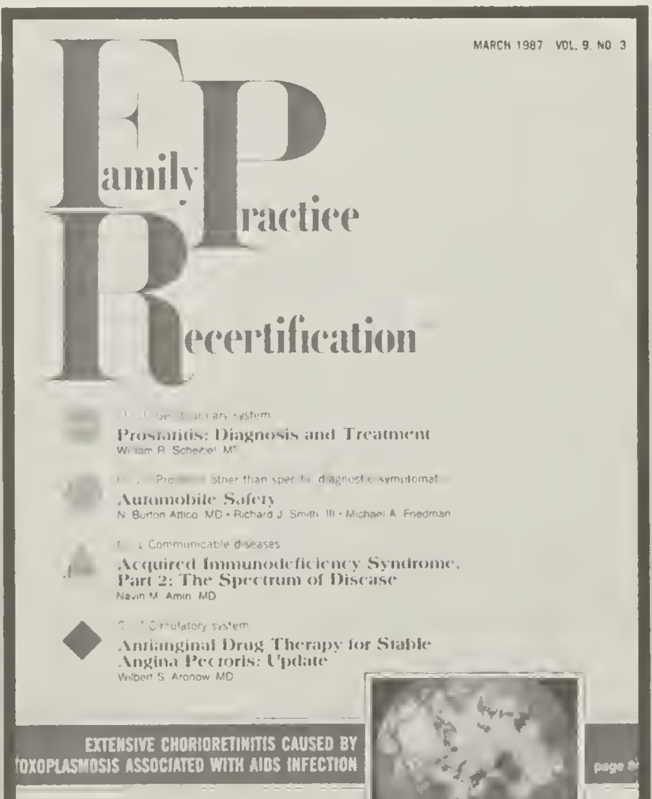
Our office recently released figures on the average number of filled prescriptions for Michigan Medicaid recipients written by general practitioners for the last quarter of 1985. We also charted the percentage of Schedule II drugs, as well as the percentage of Schedules III-V.

What is noteworthy in the first row is not the total number of prescriptions filled in each region but the large standard deviation seen in region one (comprised of physicians in Wayne, Oakland, Washtenaw, Macomb and Monroe counties). This represents the wide variability of prescribing habits of doctors in this region. Region four (the Upper Peninsula) has the smallest standard deviations suggesting the numbers more accurately reflect the prescribing patterns of the general practitioners in that region. The greater disparity between regions is in the use of Schedule II drugs (primarily codeine) rather than in the use of Schedule III-V drugs.

Continued on next page

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit



MARCH 1987 VOL. 9, NO 3

Family Practice Recertification

Prostatitis: Diagnosis and Treatment
William R. Scheibel MD

Automobile Safety
N. Burton Attico MD • Richard J. Smith III • Michael A. Friedman

Communicable diseases
Acquired Immunodeficiency Syndrome, Part 2: The Spectrum of Disease
Navin M. Amin MD

Circulatory system
Antianginal Drug Therapy for Stable Angina Pectoris: Update
Wilbert S. Aronow MD

EXTENSIVE CHORIORETINITIS CAUSED BY TOXOPLASMOSIS ASSOCIATED WITH AIDS INFECTION

PRACTICAL • CLINICAL • EDUCATIONAL • CURRENT

Inner-ear surgery may control dizziness

Patients who suffer from certain types of dizziness may find relief in the future, based on a study by Henry Ford Hospital's Shiro Fujita, MD and Neil Shepard, PhD.

The pair completed a study of 67 patients who had surgery to correct dizziness. Most of the patients had a membrane repture in the inner ear, a condition known as perilymph fistula (PLF). It causes fluid to leak from the inner ear to the middle ear and two thin membranes leading to the inner ear.

The study showed surgery was the best way to repair the fistula, which accounts for about five percent of dizziness cases. The membrane rupture may occur after a closed head injury or other trauma, over-exertion, when scuba diving or descending in an airplane—any of which may create imbalanced pressure. Of the patients studies with surgically confirmed fistulas, 77 percent had marked relief from dizziness. For more information, call (313)876-3272.

Cytogenetics studies in leukemia patients

Henry Ford Hospital has been named one of nine centers in the 25-member Southwest Oncology Group for a study examining cytogenetic (chromosome) abnormalities in patients with acute leukemia.

The study examines the correlation between normal chromosome patterns and the patterns in patients with acute leukemia. Robert Chapman, MD, is the principal investigator at Henry Ford Hospital, while Ramesh Babu, PhD, will coordinate efforts in chromosome studies.

"This trial will be the beginning of a major effort to correlate changes in genetics with the natural history of cancer," said Doctor Chapman. "In many ways, this is pioneering research. We hope it will direct cancer research more aggressively in the future."

U-M seeks volunteers for anxiety study

The University of Michigan Department of Psychiatry is seeking volunteers for a research study designed to assess the efficacy of a new investigational drug, gepirone, in the treatment of Generalized Anxiety Disorder. The absence of any withdrawal phenomena associated with this new medication suggests potential advantages over medications such as benzodiazepines.

Generalized Anxiety Disorder is characterized by persistent anxiety of at least one month's duration with signs and symptoms such as motor tension, autonomic hyperactivity, apprehensive expectation, hypervigilance, or feeling of being "on edge." Patients with other anxiety disorders (eg. Panic Disorder) who have prominent generalized anxiety symptoms also will be considered for this study.

Diagnostic work-ups, including in-depth interviews, medical history, physical examination and laboratory studies are free to subjects who qualify.

The trial lasts eight weeks. Participants who improve may elect to continue on study medication for an additional eight months. George C. Curtis, MD, professor of psychiatry and director of the Anxiety Disorders Program is the principal investigator of the study.

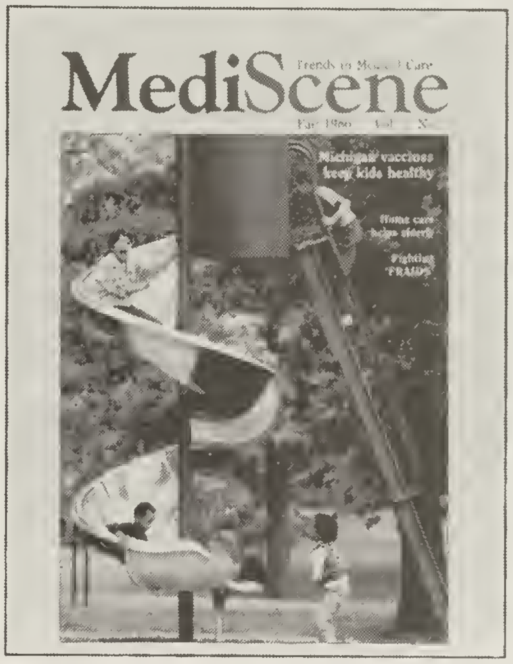
Further information may be obtained, or referrals arranged, by calling the Anxiety Disorders Program: 313/936-9282.

U-M project receives cost study funds

Eleven innovative projects aimed at controlling the escalating costs of health care services —while sustaining quality and access to care—have received grants under The Robert Wood Johnson Foundation's Program for Demonstration and Research on Health Care Costs.

One of the projects is a University of Michigan School of Public Health effort to work with hospitals to develop specific standards of physician practice in areas of high cost services, while achieving high quality care. Project Director Leon Wyszewianski, PhD, has received $547,669/36 months from the Foundation. ☐

This magazine is filled with information about Health and Medical Care.



Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away — by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four! Send me ___ subscriptions at $9.95 ea. (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea. (11 or more subscriptions). Enclosed is my check for ________.

NAME ____________________
ADDRESS ____________________
CITY ____________________
STATE ____________ ZIP ________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A, D, DIA, END, NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join with other MSMS members at both the local and state levels in achieving these goals.

Harry J. Aretakis, MD — EM
4766 Rivers Edge Dr.
Troy 48098

Mark B. Atkinson, MD — AN
216 Bronson Medical Center
Kalamazoo 49007

David J. Beyer, MD — FP
16911 E. Eight Mile Rd.
St. Clair Shores 48080

Mary Beth Bolton, MD — FP
1517 W. Lake Drive
Walled Lake 48088

Mark J. Botham, MD — TS/GS
5333 Mc Auley Dr. #R4003
Ypsilanti 48197

Richard D. Cecconi, Jr., MD — GS
Medical Park Drive
Iron Mountain 49801

Ray W. Chamberlain, MD — ABS/GS
608 E. Chippewa St.
Mt. Pleasant 48858

James A. DeHaan, MD — DR
524 S. Park St.
Kalamazoo 49007

Rolando M. Fajardo, MD — GP
1850 Pipestone
Benton Harbor 49022

Lary S. Goldman, MD — CD/IM
29255 Northwestern Hwy.
Southfield 48034

Frank H. Gowaty, MD — P
240 Cherry St., SE
Grand Rapids 49503

Timothy G. Howell, MD — AN
657 Kellogg, SE #2
Grand Rapids 49503

Mun K. Kim, MD — PD
11885 E. 12 Mile Rd. #100B
Warren 48093

Jeffrey E. Kyllo, MD — GS/PS
3203 Homestead Commons #2
Ann Arbor 48104

Continued on page 700

Improve Cash Flow with Billing and Collection Management...

...as part of a medical practice review including:

- Billing reviews
- Collection management
- Fee studies
- Building of internal financial control
- Staff recruiting, staffing levels & performance
- Office procedures manual & job descriptions
- Review of computer support needs

Call Ben Carter, at (313) 352-2500 for a free ½ hour consultation session.

PLANTE & MORAN
Management Consultants
Certified Public Accountants
11 Michigan Offices

Before you pick a Claims-Made Insurance Company

ASK YOURSELF WHERE THEY'LL BE 10 YEARS FROM NOW.

Michigan physicians learned a costly lesson back in 1975. The cost of liability insurance was rising. Insurance companies were leaving the state. And many physicians were left without insurance.

That's when the Brown-McNeely Fund, later to become PICOM, stepped in to fill a need. We were set up specifically for physicians. We're a physician-owned company.

Now that Michigan is offering claims-made insurance policies, a lot of new companies are again interested in doing business here. But most of them aren't located here. Or even in this country.

Insuring your practice is an important decision. Knowing someone will be here when you need them is an important part of making that decision.

For information, contact
Physicians Insurance
Company of Michigan,
4277 Okemos
Road,
Box
#2510,
Okemos,
Michigan
48864-2510.

PICOM

Claims Made
What are the answers?

NEW MEMBERS/Continued

Thomas E. Lee, MD — PD
11885 E. 12 Mile Rd. #100B
Warren 48093

Robert N. Levin, MD — CD/IM
3535 W. 13 Mile Rd. #205
Royal Oak 48072

William M. Maliszewski, MD — PD
11885 E. 12 Mile Rd. #100B
Warren 48093

Jeanne M. Meis, MD — PTH
570 Neff Road
Grosse Pte. 48230

Santha K. Menon, MD — GS
4244 Calhoun
Dearborn 48126

Vijay K. Mittal, MD — GS
6001 W. Outer Drive
Detroit 48235

Robert R. Peleman, MD — AN
15855 19 Mile Rd.
Mt. Clemens 48044

Vanitha Prabhakar, MD — IM
34625 Oak Forest
Farmington Hills 48018

Robert M. Prust, MD — ON
1810 W. Liberty
Ann Arbor 48103

James A. Raczek, MD — FP
1414 W. Fair Ave. #36
Marquette 49855

David J. Schulze, MD — FP
27300 Franklin Rd.
Southfield 48034

Jack D. Sobel, MD — IM/ID
4707 St. Antoine Blvd.
Detroit 48201

James F. Speers, MD — PH
1249 Philip Rd.
Niles 48120

David F. Tague, MD — DR
524 S. Park St.
Kalamazoo 49007

Nicholas A. Tepe, MD — CVS
3535 W. 13 Mile Rd. #205
Royal Oak 48072

Gary J. Theisen, MD — AN
Bronson Medical Center #216
Kalamazoo 48007

David J. Transue, MD — PD/PDE
11885 E. 12 Mile Rd. #100B
Warren 48093

Zoltan G. Turi, MD — CD/IM
3990 John R
Detroit 48201

Hema Venkat, MD — PTH
18101 Oakwood Blvd. Pth. Dept.
Dearborn 48123

Edward E. Vivoda, MD — IM
1534 W. State St.
Belding 48809

John A. Vollmer, MD — FP
18633 Mack Avenue
Detroit 48236

Abraham Weizengerg, MD — IM/CD
1501 W. Chisholm
Alpena 49707

Lucia J. Zanorano, MD — NS
2921 W. Grand Blvd. #309
Detroit 48202

INTERNIST
VERMONT

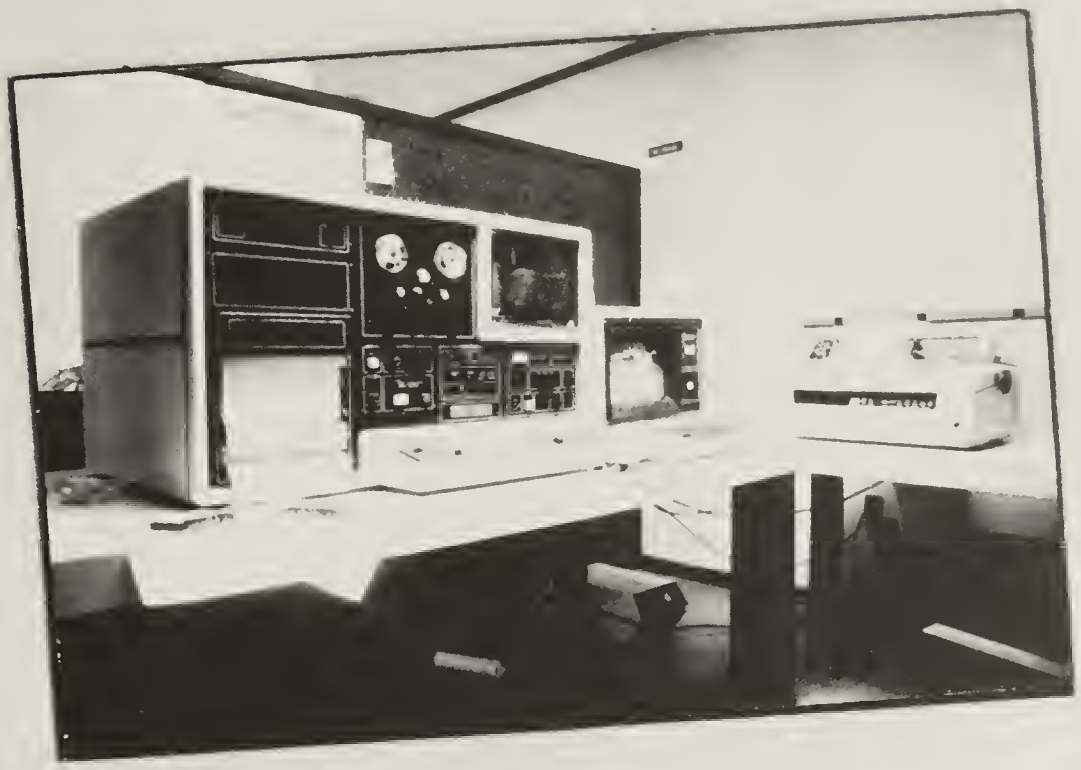
Internist with sub-specialty and an interest in geriatrics for small, central Vermont community. Excellent, well-established practice available with guarantee and on-site office space. One hour from Burlington; ¾ hour from Dartmouth's beautiful campus and cultural activities. Good cross coverage, low cost housing, growing community. Send C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.

FAMILY PHYSICIAN WITH OB
VERMONT

Lovely community in the heart of ski country with an excellent rural health center. Join two physicians. Enjoy a salary plus full benefits. Vermont's life style at its best. Send C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.



Holter Monitoring is a valuable aid in treating symptomatic, but undiagnosed patients.

Advance Medical & Research Center, Inc., extends its' professional services, to include the scanning of tapes used in ambulatory Holter Monitoring.

Overnight ambulatory ECG Analysis and report delivery enable you to begin case diagnosis and treatment sooner, thereby improving patient managemant.

ADVANCE MEDICAL & RESEARCH CENTER, INC.

1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park Alpena Bay City Clarkston East Jordan Flint Grand Rapids Kalamazoo
Lansing Livonia Marquette Monroe Muskegon Portage Saginaw Traverse City

LETTERS/
Continued from page 655

really in agreement with the recommendations of the United States Public Health Service as printed in the August 14, 1987, issue of the *MMWR*. Doctor Hazen presented a real medical problem which has been a dilemma to many private practicing physicians and received a bureaucratic reply.

To continue premarital examinations only to detect the presence of gonorrhea and syphilis is completely unjustified both from an economic and medical standpoint.

In Ingham County, where Doctor Hazen practices obstetrics and gynecology, there have been only nine positive serological reports of syphilis during January-July, 1987. Two of these were in women of childbearing age.

During the same period of time at the Ingham County Health Department alone, 25 people have tested positive for HIV antibodies. Of these 25, five were women of childbearing age, two of which were pregnant, and one of them delivered a positive HIV infant. The Health Department, of course, sees only a small percentage of the people at risk.

In Ingham County, it is far more important to test for the HIV antibody than it is to do a serological test for syphilis in women during their childbearing years (the justification is probably even greater in the Detroit Metropolitan area).

I agree with Doctor Hazen's last paragraph which states:

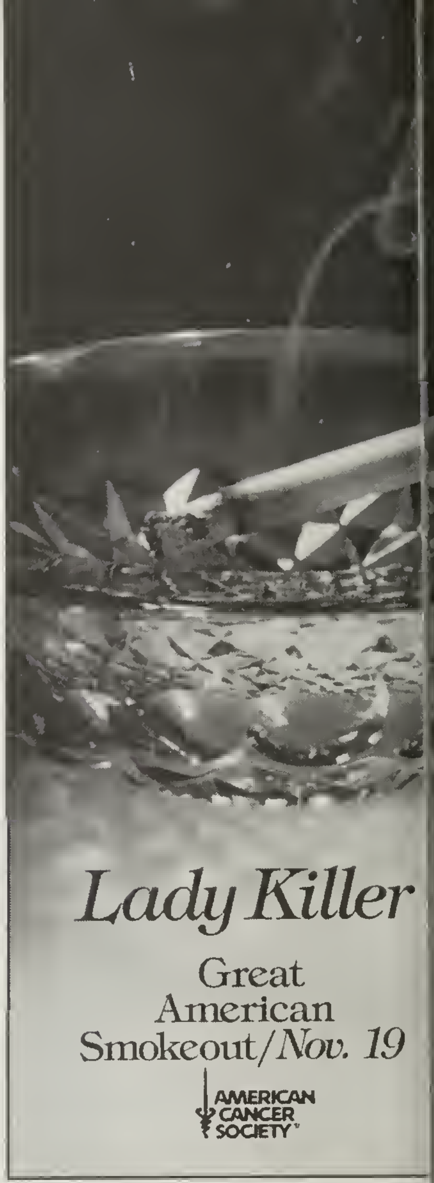
"I find it very depressing that the leaders of our Medical Societies and our Public Health Departments are not pushing for a more progressive program to identify, curtail and hopefully eliminate the incidence of these exceptionally important diseases".

J. Maxwell Cook, MD, Medical Director
Ingham County Health Department

OB-GYN
NEW HAMPSHIRE

Solo practice with coverage in well-equipped, busy, small hospital in Sunapee Lake region. Small, college community is thirty minutes from cultural and educational center; two hours from Boston. Send C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.



GIVE SMOKING A KICK IN THE BUTT
Great American Smokeout / Nov 19
AMERICAN CANCER SOCIETY

ore prescribing, see complete prescribing information in SK&F CO. ature or *PDR.* The following is a brief summary.

ARNING

his drug is not indicated for initial therapy of edema or hyperten- on Edema or hypertension requires therapy titrated to the individual. this combination represents the dosage so determined, its use ay be more convenient in patient management. Treatment of hyper- nsion and edema is not static, but must be reevaluated as con- tions in each patient warrant.

traindications: Concomitant use with other potassium-sparing agents h as spironolactone or amiloride. Further use in anuria, progressive al or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum assium. Hypersensitivity to either component or other sulfonamide- ved drugs.

rnings: Do not use potassium supplements, dietary or otherwise, ess hypokalemia develops or dietary intake of potassium is markedly aired. If supplementary potassium is needed, potassium tablets uld not be used. Hyperkalemia can occur, and has been associated cardiac irregularities. It is more likely in the severely ill, with urine me less than one liter/day, the elderly and diabetics with suspected onfirmed renal insufficiency Periodically, serum K$^+$ levels should be rmined If hyperkalemia develops, substitute a thiazide alone, restrict intake. **Associated widened QRS complex or arrhythmia requires mpt additional therapy.** Thiazides cross the placental barrier and ear in cord blood. Use in pregnancy requires weighing anticipated efits against possible hazards, including fetal or neonatal jaundice, mbocytopenia, other adverse reactions seen in adults. Thiazides ear and triamterene may appear in breast milk. If their use is essential, patient should stop nursing Adequate information on use in children ot available. Sensitivity reactions may occur in patients with or with- a history of allergy or bronchial asthma. Possible exacerbation or ivation of systemic lupus erythematosus has been reported with zide diuretics.

cautions: The bioavailability of the hydrochlorothiazide component of azide' is about 50% of the bioavailability of the single entity eoretically, a patient transferred from the single entities of triamterene d hydrochlorothiazide may show an increase in blood pressure or fluid ention. Similarly, it is also possible that the lesser hydrochlorothiazide availability could lead to increased serum potassium levels. However, tensive clinical experience with 'Dyazide' suggests that these conditions ve not been commonly observed in clinical practice. Angiotensin- nverting enzyme (ACE) inhibitors can elevate serum potassium, use th caution with 'Dyazide'. Do periodic serum electrolyte determinations articularly important in patients vomiting excessively or receiving renteral fluids, and during concurrent use with amphotericin B or rticosteroids or corticotropin [ACTH]). Periodic BUN and serum eatinine determinations should be made, especially in the elderly, abetics or those with suspected or confirmed renal insufficiency mulative effects of the drug may develop in patients with impaired renal nction Thiazides should be used with caution in patients with impaired patic function They can precipitate coma in patients with severe liver sease. Observe regularly for possible blood dyscrasias, liver damage, her idiosyncratic reactions. Blood dyscrasias have been reported in tients receiving triamterene, and leukopenia, thrombocytopenia, ranulocytosis, and aplastic and hemolytic anemia have been reported th thiazides. Thiazides may cause manifestation of latent diabetes llitus. The effects of oral anticoagulants may be decreased when ed concurrently with hydrochlorothiazide; dosage adjustments may be cessary. Clinically insignificant reductions in arterial responsiveness norepinephrine have been reported. Thiazides have also been shown to crease the paralyzing effect of nondepolarizing muscle relaxants such tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic ood studies in cirrhotics with splenomegaly. Antihypertensive effects ay be enhanced in post-sympathectomy patients. Use cautiously in rgical patients. Triamterene has been found in renal stones in associa- n with the other usual calculus components. Therefore, 'Dyazide' ould be used with caution in patients with histories of stone formation. few occurrences of acute renal failure have been reported in patients n 'Dyazide' when treated with indomethacin. Therefore, caution is dvised in administering nonsteroidal anti-inflammatory agents with yazide'. The following may occur: transient elevated BUN or creatinine r both, hyperglycemia and glycosuria (diabetic insulin requirements may e altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), ecreasing alkali reserve with possible metabolic acidosis. 'Dyazide' nterferes with fluorescent measurement of quinidine. Hypokalemia is ncommon with 'Dyazide', but should it develop, corrective measures hould be taken such as potassium supplementation or increased dietary ntake of potassium-rich foods. Corrective measures should be instituted autiously and serum potassium levels determined Discontinue correc- ive measures and 'Dyazide' should laboratory values reveal elevated erum potassium. Chloride deficit may occur as well as dilutional yponatremia Concurrent use with chlorpropamide may increase the risk f severe hyponatremia. Serum PBI levels may decrease without signs f thyroid disturbance. Calcium excretion is decreased by thiazides. Dyazide' should be withdrawn before conducting tests for parathyroid unction Thiazides may add to or potentiate the action of other anti- ypertensive drugs Diuretics reduce renal clearance of lithium and ncrease the risk of lithium toxicity.

dverse Reactions: Muscle cramps, weakness, dizziness, headache, ry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other ermatological conditions; nausea and vomiting, diarrhea, constipation, ther gastrointestinal disturbances; postural hypotension (may be ggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, aresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

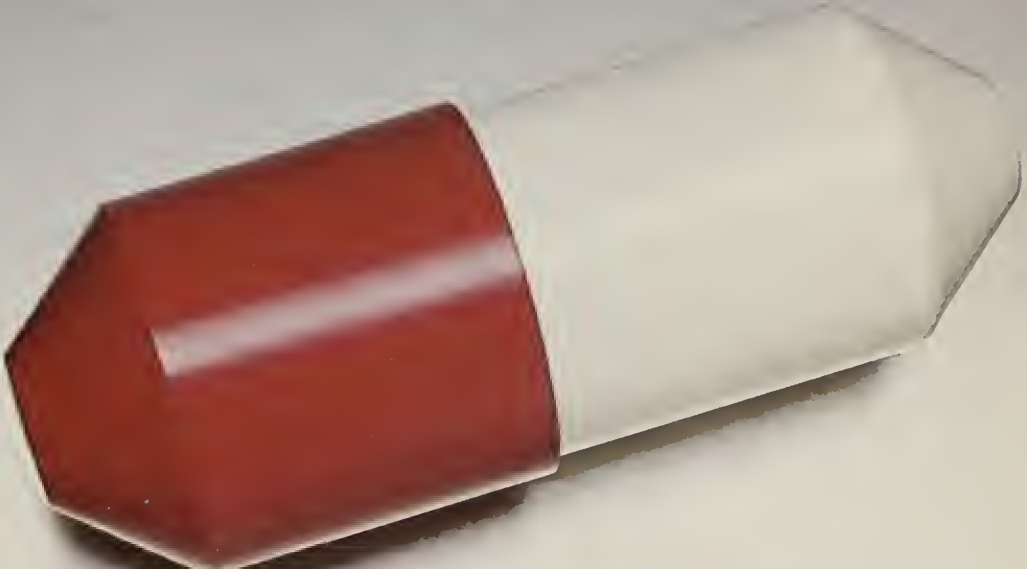
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ L42

In Hypertension*...
When You Need to
Conserve K+

Remember the Unique
Red and White Capsule:
Your Assurance of
SK&F Quality

Serum K$^+$ and BUN should be checked periodically (see Warnings and Precautions).



Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 20 Years of Confidence

The unique
red and white
Dyazide® capsule:
Your assurance of
SK&F quality.

a product of
SK&F CO.
Carolina, P.R. 00630

© SK&F Co 1983

There's never been a better time for he

nd PREMARIN®

Proven benefits beyond relief of vasomotor symptoms

No other estrogen proven effective for osteoporosis

Only conjugated estrogens tablets have established efficacy in both osteoporosis[1] and vasomotor symptoms* at 0.625 mg/day. No other estrogen, oral or transdermal, has established clinical evidence or minimum effective dose in both indications.

No estrogen proven safer

PREMARIN is the most extensively tested estrogen, with an unsurpassed record of long-term safety.
And clinical evidence shows a significantly reduced risk of endometrial hyperplasia when cycled with a progestin.[2]

PREMARIN®
(conjugated estrogens tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary of prescribing information.

For moderate-to-severe vasomotor symptoms and for osteoporosis

PREMARIN®
(conjugated estrogens tablets)

PREMARIN 0.3
PREMARIN 0.625
PREMARIN 0.9
PREMARIN 1.25
PREMARIN 2.5

0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

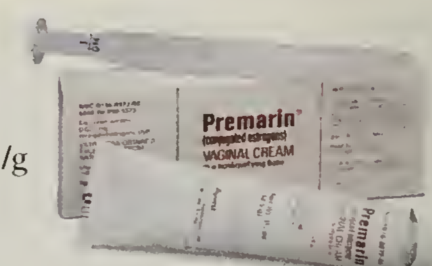
The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(conjugated estrogens)

Vaginal Cream

0.625 mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream, in a nonliquefying base

1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA.
Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semi-annual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equi-estrogenic doses.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY.
The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing, in later life, a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects. One case-controlled study estimated a 4.7-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.
INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP). Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) Osteoporosis (abnormally low bone mass). Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae.

PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).
Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.
CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (see Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).
WARNINGS: Estrogens have been reported to increase the risk of endometrial carcinoma (see Boxed Warning). However, a recent large, case-controlled study indicated no increase in risk of breast cancer in postmenopausal women. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.
PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention, such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Pre-existing uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia or in young patients in whom bone growth is not yet complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen:

a. Increased sulfobromophthalein retention.

b. Increased prothrombin and factors VII, VIII, IX, and X; decreased antithrombin 3; increased norepinephrine-induced platelet aggregability.

c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T_4 by column, or T_4 by radioimmunoassay. Free T_3 resin uptake is decreased, reflecting the elevated TBG; free T_4 concentration is unaltered.

d. Impaired glucose tolerance.

e. Decreased pregnanediol excretion.

f. Reduced response to metyrapone test.

g. Reduced serum folate concentration.

h. Increased serum triglyceride and phospholipid concentration.

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. However, in a recent, large case-controlled study of postmenopausal women there was no increase in risk of breast cancer with use of conjugated estrogens.
ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, premenstrual-like syndrome, amenorrhea during and after treatment, increase in size of uterine fibromyomata, vaginal candidiasis, change in cervical erosion and in degree of cervical secretion; cystitis-like syndrome, tenderness, enlargement, secretion (of breasts), nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, chloasma or melasma which may persist when drug is discontinued, erythema multiforme, erythema nodosum; hemorrhagic eruption, loss of scalp hair; hirsutism, steepening of corneal curvature, intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight; reduced carbohydrate tolerance, aggravation of porphyria; edema, changes in libido.
ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.
DOSAGE AND ADMINISTRATION:
PREMARIN® Brand of conjugated estrogens tablets, USP
1. *Given cyclically for short-term use only:* For treatment of moderate-to-severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 mg to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.
2. *Given cyclically:* Osteoporosis. Female castration. Osteoporosis—0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off). Female castration—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.
PREMARIN® Brand of conjugated estrogens Vaginal Cream
Given cyclically for short-term use only: For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three- to six-month intervals.

Usual dosage range: 2 g to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

References:

1. Lindsay R, Hart DM, Clark DM: The minimum effective dose of estrogen for prevention of postmenopausal bone loss. *Obstet Gynecol* 1984;63:759-763. **2.** Studd JWW, Thom MH, Paterson MEL, et al: The prevention and treatment of endometrial pathology in postmenopausal women receiving exogenous estrogens, in Pasetto N, Paoletti R, Ambrus JL (eds): *The Menopause and Postmenopause.* Lancaster, England, MTP Press Ltd, 1980, chap 13.

© 1987 Ayerst Laboratories
All rights reserved

6437/587

Ayerst®
AYERST LABORATORIES
New York, NY 10017

VILLAIN/Continued from page 654

services have been over-utilized is questionable. I am sure there are some physicians who have abused the privileges of ownership. But to declare all such ownership illegal is guilt by association.

The problems of over-use, appropriateness, and medical necessity are best addressed by quality assurance programs and peer review. We have and we must address these problems regardless of ownership. Such review is what controls and eliminates abuses of the system.

Michigan physicians now face a lawsuit if they have any association with an "outside" testing facility. But what about HMOs and PPOs where directed patient referral might result in financial gain by a physician? And why should facilities within the same PC be protected? Is total divestiture by physicians the only way to address this situation? Is it really in the best interests of the people of Michigan to attack physician ownership when it means that many needed facilities, especially in rural areas, will not be built without physician leadership and financial backing? Indeed, does non-physician ownership solve any problems?

Ownership is not the villain. Over-use and inappropriate testing are the problems. Let's continue to work toward legislative relief and heighten our efforts toward meaningful peer review. ☐

We're on call for you

1-800-962-3555

Introducing *M-LINE*, a toll-free special connection for community physicians who need access to the U-M Medical Center.

M-LINE will give you an immediate doctor-to-doctor link to our physicians for consultation or to inquire about patient referrals and clinical and laboratory services. A specially-trained physician service representative will take your call and connect you with the U-M physicians you need.

Next time you want a consult, call M-LINE. It's as easy as *1-800-962-3555*.

M LINE

University of Michigan Medical Center

Board of Medicine audit results gratifying

by Thomas J. DeKornfeld, MD

Those of you whose memory reaches back further than punk rock surely will recall the famous Ripley "Believe it or not" feature in many newspapers. It usually presented three utterly unlikely matters and asked the reader to believe that, for example, a cow in Poughkeepsie had a three-headed calf or that a two-year-old child in Aberdeen was a virtuoso on the bagpipes.

I feel a certain kinship with Ripley as I report to you the results of the first large-scale audit performed by the Michigan Board of Medicine.

The first audit letter requesting documentation of CME for the years 1984-86 was sent June 1 to 668 physicians selected entirely at random. All had renewed their licenses in 1987 and all had signed the back of the renewal card indicating they had met the legal requirement of CME.

On July 10, 1987, a second letter was sent, this time by certified mail, to 75 physicians who had not replied. Two weeks later I made a serious effort to contact the non-responders by telephone and tried to convince them we meant business.

The overall results were almost unbelievable and are immensely gratifying. Of the 668 physicians audited, 639 not only met all the requirements, but also were able to fully document them. This number represents 95.5 percent of the total.

Of the 30 physicians who have not responded or who have not met the requirements, eight have voluntarily surrendered their licenses. These were physicians who were either fully retired from practice or who were practicing in some other state and who maintained their Michigan licenses for sentimental reasons only.

Four physicians will be before the Board at the September meeting for waiver consideration.

As of September 1, there were only 17 physicians against whom Board action was pending. This represents only 2.5 percent of the total and it seemed likely that seven or eight would either document their CME before the Board meeting or would have voluntarily surrendered their licenses.

This will leave only 10, or 1.7 percent, of the original number, against whom the Bureau will issue a complaint.

After much deliberation, and since this was the first year that a major audit was held in medicine, the following offer will be

The author is administrator of the Michigan Board of Medicine.

INTERNIST

NORTHERN NEW HAMPSHIRE

State-of-the-art, small hospital in White Mountains of New Hampshire requires internist for multi-specialty group. Competitive salary plus incentives and benefits. Pleasant, small town with good schools. Close to famous Balsam's resort; short drive to Sherbrooke, Canada. Send C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST

Offering Retirement Plans:

- **Goal & Risk Analysis**
- **Portfolio Management**
- **Ongoing Portfolio Evaluation**

Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084
(313) 649-5700
(MI) 1-800-323-8073

- A full range investments firm, established 1865.

made to the delinquent physicians: If they consent to a reprimand, a small fine of $500, and additional hours of Category I CME over the life of the current license, the Board will relent and the case will be resolved. These physicians will be audited again before the next renewal period to determine whether they have met the stipulated requirements.

The audit clearly demonstrated that the vast majority of physicians take their continuing education requirements seriously and live up to the fundamental principle that medicine is a lifetime learning process.

The audit also revealed other interesting findings. Considerable effort was required to track down some physicians. Several had moved in the last six months and few of them advised the Board of their new address, though this is a violation of the Public Health Code. For some of them the post office had no forwarding address. Several finally were tracked through the AMA Physicians Profile service: through other state boards or through clever sleuthing.

> **"The audit clearly demonstrated that the majority of physicians take their continuing education requirements seriously and live up to the fundamental principle that medicine is a lifetime learning process."**

A surprising number of physicians claimed they did not know they had to keep records on CME. It is even more surprising that almost all of them could, in fact, come up with the documentation, when they had to. There are still too many physicians who do not know the difference between Category I credits and the other categories.

The audit was an excellent learning experience. It will be repeated annually. I am proud of my colleagues in medicine and happy to be a member of a learned and learning profession.

I would feel even better if I were convinced that all of those thousands of CME hours were really contributing to good patient care; that at least a significant majority of them were "state of the art" and that at least a good many of them not only improved knowledge, but also modified behavior. □

Physicians Billing Service
Since 1963

Technical Billing Assistance
Third Party Billing
Consulting
On Site Computer Systems
Remote Entry
FULL CIRCLE SUPPORT

Tailored to Your Needs

Health-Care Computing
16250 Northland Drive
Southfield, MI 48075
(313) 569-0159

Solo Physicians

Groups

Clinics

Hospital Based
Physician Groups

Robert J. Armstrong, MD
Sault Ste. Marie

Doctor Armstrong died on August 4 at the age of 85. He graduated from University of Michigan Medical School in 1931 and was on the staffs of Franklin, Borgess, and Bronson hospitals. Doctor Armstrong was a member of the Kalamazoo Academy of Medicine, Michigan Society of Anesthesiologists and the American Society of Anesthesiologists. He was a former MSMS delegate to the American Medical Association.

ORTHOPEDIC SURGEON
MAINE

North central, Maine community is establishing a workers-at-risk and sports rehabilitation program. Ground floor opportunity. Cross coverage. Excellent guarantee. Snow, mountains, crystal clear lakes in your backyard. Send C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.

Virginia M. Benson, MD
Bloomfield Hills

Doctor Benson died June 3 at the age of 91. She was the oldest female physician in Michigan. She graduated from Rush Medical College in 1925. Doctor Benson toured as a company physician with Ford Motor Company in wartime and later worked with Wayne County Health Department caring for the poor.

Philip J. Feringa, MD
St. Clair Shores

Doctor Feringa, a peripheral vascular surgeon, died June 19 at the age of 56. He founded the cardiac surgery program at St. John Hospital in 1972. He was the past vice-chief of the St. John Department of Surgery and program director for the intern and resident training program in surgery. He was a member of the Wayne County Medical Society, the Society of Clinical Vascular Surgery, and the Detroit Academy of Surgery.

Doctor Fryfogle

James D. Fryfogle, MD
Southfield

Past MSMS President and Speaker of the House James D. Fryfogle, MD, Southfield, died September 1 at the age of 69. Doctor Fryfogle also was past president of the Wayne State Medical Society and of the Michigan chapter, American College of Chest Physicians. He was a founding member of the Society of Thoracic Surgery and a member of American and Michigan heart associations, American Lung Association of Michigan and Michigan Academy of Surgery. "MSMS is the most important organization in my professional life," wrote Doctor Fryfogle on his membership profile.

Glendon Boyce Goddard, MD
Otsego

Doctor Goddard died July 11 at the age of 88. He attended the University of Vermont College of Medicine and graduated in 1928. He practiced in Morrisville, Vermont, and in Pickford, Michigan. He had been medical director of Berrien County Hospital.

Jack S. Guyton, MD
Detroit

Doctor Guyton died June 23 at the age of 73. He received his medical degree from Harvard Medical School in 1937. He specialized in ophthalmology and was a long-time member of the Detroit Ophthalmology and Otolaryngology Society, Pan American Congress of Ophthalmology, and the American Ophthalmological Society.

Jack Hoogerhyde, MD
Grand Rapids

Doctor Hoogerhyde died July 29

Continued on next page

at the age of 83. He began his medical career at Butterworth Hospital, then left in 1942 to head a surgical unit at a US Marine Corps Hospital on Guadalcanal Island during World War II. Doctor Hoogerhyde was former president of Kent County Medical Society and the Hearing and Speech Center of Grand Rapids. He served on staff at Blodgett Memorial Medical Center, as well as St. Mary's and Ferguson hospitals.

William D. Irwin, MD
Kalamazoo

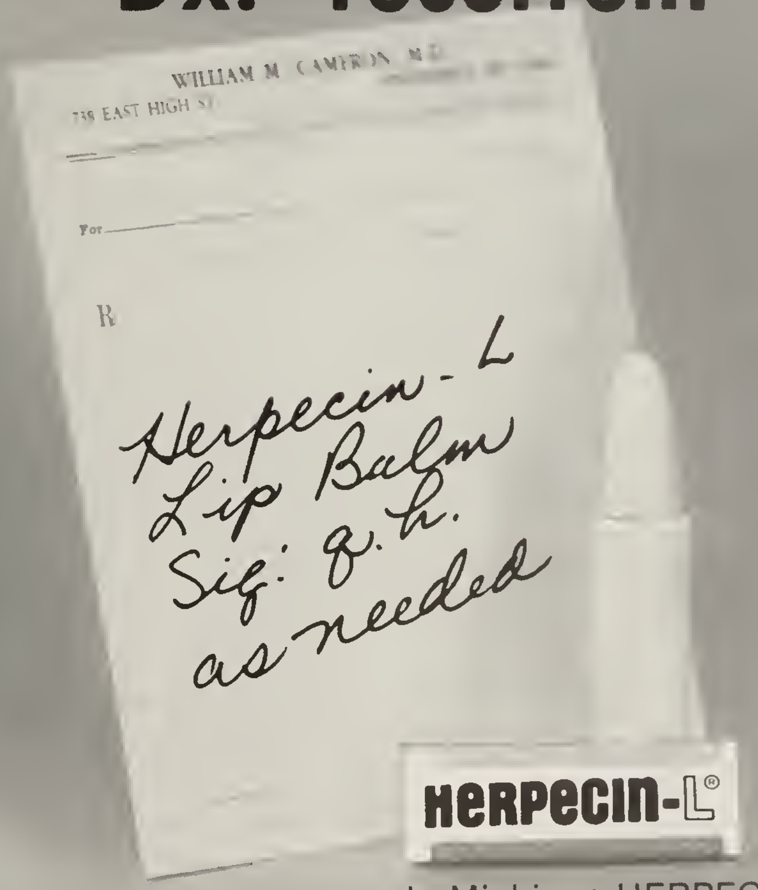
Doctor Irwin died July 23 at the age of 89. He graduated from the University of Michigan in 1925. He was a former member of the Kalamazoo Academy of Medicine and was a surgical staff member of Bronson and Borgess hospitals. He was past president of the Southwestern Michigan Triological Society, and a member of the American Academy of Ophthalmology.

Nathan H. Moss, MD
Southfield

Doctor Moss, a general practitioner in Detroit for more than 50 years, died July 5. He was a former board member of the Wayne County Medical Society and was on the staff of Brent Hospital for more than 33 years. In 1978, he received a Golden Anniversary diploma from Wayne State Medical Alumni Association.

Continued on next page

Dx: recurrent herpes labialis



"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough.**" DDS, MN

"HERPECIN-L®. . . a **conservative approach** with **low risk/high benefits.**" MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed** . . . remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior.**" DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

DEATHS/Continued

John L. Rosefield, MD
Southfield

Doctor Rosefield died May 4 at the age of 87. He received his medical degree from the University of Michigan in 1927 and specialized in internal medicine. He practiced medicine for over 60 years in downtown Detroit and was affiliated with Hutzel Hospital. Doctor Rosefield was a member of the Wayne County Medical Society.

Johann Schmidt, MD
Grosse Pointe

Doctor Schmidt died May 2 at the age of 63. He received his medical degree from the University of Vienna Medical School in 1952. Doctor Schmidt specialized in internal medicine. He was a fellow in hematology at Wayne State University and taught there from 1961 to 1963. He later opened a private practice in Grosse Pointe. He was affiliated with Cottage, Bon Secours, Jennings Memorial and Henry Ford hospitals.

Joseph Sidagis, MD
Sebewaing

Doctor Sidagis died April 26 at the age of 73. He received his medical degree from the University of Lithuania at Kaunas in 1941. He opened his general practice in Sebewaing in 1960 and was affiliated with Scheurer Hospital in Pigeon and Mercy and General hospitals in Bay City. ☐

— Laboratory of Clinical Medicine —

Diagnostic Laboratory Specialists

517-372-8180 • 800-292-4543

- Reliable Laboratory Testing
- Accredited by College of American Pathologists
- 20 year tradition of quality
- House calls and true 'STAT' service
- Computerized reports and billing

Professional Staff

Director
W.E. Maldonado, M.D.
Pathologists
J.J. Gillespie, M.D.
R.N. Horowitz, M.D.
R.H. Knapp, M.D.
J.G. Lyday, M.D.
L.R. Simson, Jr., M.D.
S.P. Pradhan, M.D.
R. Tyler, M.D.
Ph.D. Clinical Scientists
J.W. Dyke, Ph.D.
K.W. Dobra, Ph.D.
J.R. Kateley, Ph.D.
J.R. Melvin, Ph.D.
M.K. Oaks, Ph.D.
R.B. Foy, Ph.D.
S.E. Stuart, Ph.D.
M.C. Wimmer, Ph.D.

Corporate Office
6433 S. Pennsylvania Ave.
Suite 300
Lansing, MI 48911

LABORATORY OF CLINICAL MEDICINE
MID-MICHIGAN REFERENCE LABORATORY, II, INC.

Laboratory Services
Chemistry
Hematology
Toxicology
Microbiology
Virology
Immunology
Blood Banking
Transplantation
Endocrinology
Infertility
Surgical Pathology
Dermatopathology
Electron Microscopy
Flow Cytometry
Cytogenetics
Cytology

Lansing Locations:

- *930 E. Mt. Hope*
- *625 S. Waverly*
- *1322 E. Michigan #102*
- *2909 E. Grand River #104*

10TH ANNUAL BRITISH VIRGIN ISLANDS MEDICAL CONFERENCE

at the Prospect Reef Resort Hotel
Road Town, Tortola, British Virgin Islands
FEBRUARY 1-5, 1988

Presented By:

Butterworth Hospital Continuing Medical Education Department, Grand Rapids, Michigan, in cooperation with The Government of the British Virgin Islands.

Approved for 22 CME Credit Hours

NEW CONCEPTS AND CHALLENGES IN MEDICINE AND SURGERY

Conference Chairmen: Ralph Blocksma, M.D.
Robert E. Reed, M.D.

INCLUDED ON FACULTY:

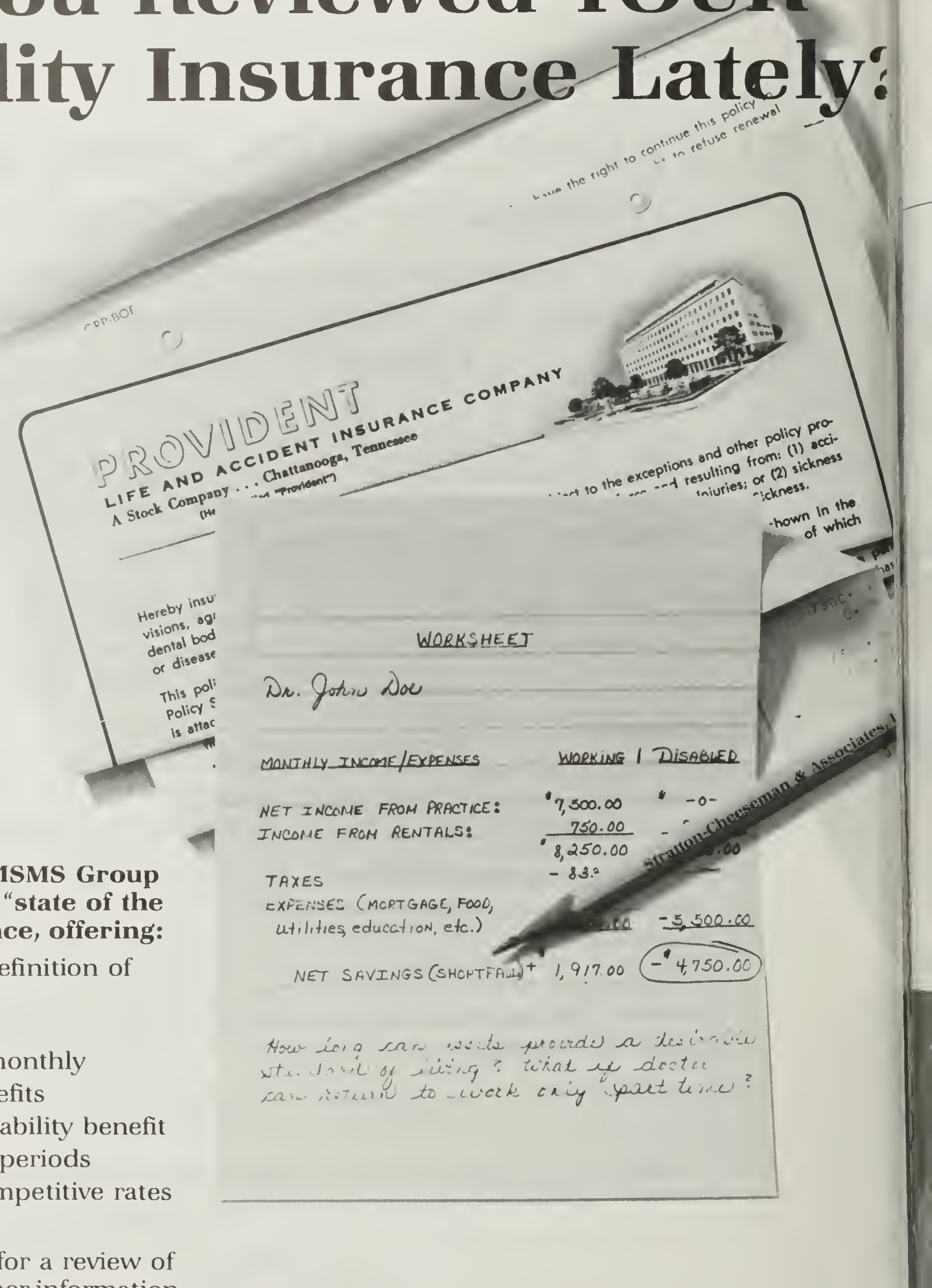
Denis Parsons Burkitt, M.D., London, England.
Glenn W. Geelhoed, M.D., George Washington University Medical Center.
John Squire Kirkham, M.Chir., F.R.C.S., London, England.
Jan E. Leestma, M.D., Pritzker School of Medicine, University of Chicago.
William Shane, M.D., Diving Medical Officer, St. Croix, U.S. Virgin Islands.
Maurice Slapak, M.Chir., Wessex Regional Transplant Service, England.
Richard R. Van Dellen, M.D., Mayo Clinic, Rochester, Minnesota.
Aaron I. Vinik, M.D., University of Michigan Medical School.
Charles F. Wooley, M.D., Ohio State University College of Medicine.
James B. Wyngaarden, M.D., National Institute of Health, Bethesda, Maryland.

Registration Fee: $350.00

Preceded by the 2nd Annual Workshop in Plastic Surgery

For Registration Call Celia M. Steele, Conference Coordinator
(616) 774-1835

Have You Reviewed YOUR Disability Insurance Lately?



PROVIDENT
LIFE AND ACCIDENT INSURANCE COMPANY
A Stock Company . . . Chattanooga, Tennessee

WORKSHEET

Dr. John Doe

MONTHLY INCOME/EXPENSES	WORKING	DISABLED
NET INCOME FROM PRACTICE:	$7,500.00	$ -0-
INCOME FROM RENTALS:	750.00	
	$8,250.00	
TAXES	- 83.°	
EXPENSES (MORTGAGE, FOOD, utilities, education, etc.)		-5,500.00
NET SAVINGS (SHORTFALL)	+ 1,917.00	-$4,750.00

How long can assets provide a desirable standard of living? What if doctor can return to work only part time?

The new, improved MSMS Group Disability plan is the "state of the art" in group insurance, offering:

"Your own specialty" definition of disability
Lifetime benefits
Benefits up to $2,500 monthly
Residual disability benefits
Waiver of premium disability benefit
30 and 90 day waiting periods
Quality coverage at competitive rates
Conversion guarantee

Call or write us today for a review of your coverage and further information about our plans!

This plan is underwritten by Provident Life & Accident Insurance Company, Chattanooga, Tennessee.

Stratton-Cheeseman & Associates, Inc.

1305 Abbott Road
P.O. Box 1563
East Lansing, Michigan 48823
Call Toll Free: 1-800-292-1926

MSMS informs media about AIDS

AIDS is 100 percent avoidable, stressed Randall Pope, Michigan Department of Public Health, as he was interviewed Aug. 12 at MSMS headquarters. Pope was one of the speakers at an MSMS seminar designed to inform media representatives about AIDS.

Approximately one-dozen media organizations were represented by attendees at the seminar, including Joe Cisneros, *Oakland Press*.

MSMS President-elect Frederick W. Bryant, MD, left, opened the seminar. He also chairs the MSMS Task Force on AIDS Education. To his right is Reynard Bouknight, MD, Michigan State University, who presented a clinical overview of the disease.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a contact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

October

22, **Laser Medicine and Surgery: Symposium and "Hands-On" Workshop for Urologists. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Surgery and The Food and Drug Administration Center for Devices and Radiological Health. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 18 hours Category I Credit.

28, **Fourth Annual Conference on Alcoholism and other Drug Dependencies. Location:** Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Kalamazoo Alcohol and Drug Abuse Center, Southwestern Michigan Area Health Education Center. **Contact:** Deb Willoughby, SMAHEC, 4th Floor Stryker Center, 1521 Gull Road, Kalamazoo 49001 (616)383-6360. **Approved for:** 6 hours Category I Credit.

29-30, **Critical Clinical Issues in the Care of the Elderly: Illness Prevention and Early Detection. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Division of Geriatric Medicine, Department of Internal Medicine, Veterans Administration Medical Center and Institute of Gerontology. **Contact:** Kelly Stebelton, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 12.5 hours Category I Credit.

29-30, **Urology Update: 1987. Location:** Sheraton Oaks Hotel, Novi. **Sponsor:** William Beaumont Hospital, Department of Urology, Royal Oak. **Contact:** Ananias C. Diokno, MD, Chief, Department of Urology, William Beaumont Hospital, Royal Oak 48072 (313) 288-7960. **Approved for:** 16 hours Category I Credit.

30-11/3, **Tutorial on Level II Craniosacral Techniques. Location:** Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Credit.

November

5-7, **Advanced Cardiac Life Support (Provider & Recertification) Course. Location:** Gilmore Center of Health Education Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Bronson Life Support Services and Southwestern Michigan Area Health Education Center. **Contact:** Cyndi Kochevar-Bouma, Bronson Life Support Services, Bronson Methodist Hospital, 252 E. Lovell Street, Kalamazoo 49007 (616)383-7576. **Approved for:** Category I Credit: 20 credits for ACLS and 6 credits for BCLS; Recertification—4 credits for ACLS and 5 for BCLS.

6-7, **Advanced Trauma Life Support (Provider) Course. Location:** Towsley Center, Office of Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The American College of Surgeons and The University of Michigan Medical School. **Contact:** Kelly Stebelton, Office of Continuing Medical Education, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 18 hours Category I Credit.

6-7, **35th Annual Detroit Trauma Symposium. Location:** Kresge Auditorium, Harper Hospital, 3990 John R, Detroit 48201. **Sponsor:** Wayne State University, Department of Surgery, Detroit. **Contact:** Marjorie Norum, Department of Surgery, Harper Hospital, Detroit 48201 (313)745-2345. **Approved for:** 9 hours Category I Credit.

7, **Thirteenth Annual Symposium: Insight and the Analytic Relationship. Location:** Michigan Inn, Southfield. **Sponsor:** The Michigan Psychoanalytic Society. **Contact:** Robert Hatcher, PhD, The Michigan Psychoanalytic Society, 16310 West Twelve Mile Road, Suite 204, Southfield 48076 (313)557-8633. **Approved for:** 6 hours Category I Credit.

10, **The Case for Prostate Ultrasound. Location:** Gilmore Center for Health Education, Bronson Methodist Hospital, Kalamazoo. **Sponsor:** Southwestern Michigan Area Health Education Center, Acuson Computed Sonography, Bronson Ultrasound Department. **Contact:** Shari Smith, RDMS, Ultrasound Department, Bronson Methodist Hospital, 252 E. Lovell, Kalamazoo 49007 (616)383-6380. **Approved for:** 2 hours Category I Credit.

10-12, **1987 MSMS Annual Scientific Meeting. Location:** Hyatt Regency Dearborn. **Sponsor:** MSMS and cooperating specialty societies, sections, medical school departments and hospitals. **Contact:** Sherry L. Fent, Chief, Physician Education, MSMS, P.O. Box 950, East Lansing, 48826-0950 (517)337-1351. **Approved for:** a maximum of 18 Category I Credit hours for the three day conference.

13, **Basic Life Support for Health Professionals. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 5 hours Category I Credit.

14-15, **Advanced Cardiac Life Support Provider Course. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 16 hours Category I Credit.

15, **Emergency Medicine Residents' Assembly. Location:** Marriott Inn, Ann Arbor. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing, 48823 (517)332-6500. **Approved for:** 8 hours Category I Credit.

Continued on next page

ANIMAL BEHAVIOR LAB
JOHNS

" NOW YOU WATCH! WHEN THE HANDS ON THE CLOCK POINT STRAIGHT UP, THEY'RE TRAINED TO GO TO LUNCH "

OB-GYN

MAINE

Join female physician in lovely, college town in beautiful, central Maine, lake region. Excellent schools and recreational facilities. One hour from coast or downhill skiing. Affiliate with modern medical center. Please send. C.V. to:

New England Health Search
63 Forest Avenue
Orono, Maine 04473
or call 207-866-5680.

CATEGORY I COURSES/ Continued

16-17, 1987 Michigan Statewide Conference on Child Abuse and Neglect: Skill Building for Child Abuse Professionals. Location: The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan, Michigan Committee for the Prevention of Child Abuse, Michigan Department of Social Services, Michigan Department of Public Health, Michigan Department of Mental Health. Contact: Debbie DeSymther, Office of Continuing Medical Education, The University of Michigan Medical School, Towsley Center, Box 0201, Ann Arbor 48109-0201 (313) 763-1400. Approved for: 12 hours Category I Credit.

18, Hospital/Medical Staff Leadership Seminar: Strategies for Effective Leadership. Location: Sheraton-Oaks, Novi. Sponsor: Michigan State Medical Society, Wayne County Medical Society, Michigan Hospital Association, Southeastern Michigan Hospital Council. Contact: Deborah Zannoth, Assistant, Medical Economics, MSMS, PO Box 950, East Lansing 48826-0950 (517)337-1351. Approved for: 5 hours Category 1 Credit.

20, ACLS Instructor Course. Location: Lake Michigan Community College, Benton Harbor. Sponsor: Michigan Chapter of the American College of Emergency Physicians. Contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. Approved for: 21 hours Category 1 Credit.

20-22, Tutorial on Manual Medicine Techniques Applied to the Extremities. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 24 hours Category I Credit.

30-12/3, Advanced Cardiac Life Support Provider Course. (November 30 and December 2 Recertification Course—8 Category I Credits—4 for BCLS and 4 for ACLS). Location: Borgess Medical Center, Kalamazoo. Sponsor: Southwestern Michigan Area Health Center, Staff and Patient Education Department. Contact: Claire A. Zieman, Staff and Patient Education, Borgess Medical Center, 1521 Gull Road, Kalamazoo 49001 (616)383-8320. Approved for: 25 Category I Credits (4 for BCLS and 21 for ACLS).

December

3, Psychoanalytic Marital Therapy and Object Relations Theory. Location: To be announced. Sponsor: The Michigan Psychoanalytic Society. Contact: Robert Hatcher, PhD, Program Committee, The Michigan Psychoanalytic Society, 16310 West Twelve Mile Road, Suite 204, Southfield 48076 (313)557-8633. Approved for: 1 hour Category I Credit.

5, Residents' Base Station Symposium. Location: E.W. Sparrow Hospital, Lansing. Sponsor: Michigan Chapter of the American College of Emergency Physicians. Contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. Approved for: 8 hours Category I Credit.

11, Basic Life Support for Health Professionals. Location: Towsley Center for Continuing Medical Eduation, The University of Michigan Medical School, Ann Arbor. Sponsor: The University of Michigan Medical School. Contact: Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 5 hours Category I Credit.

12, Advanced Cardiac Life Support Recertification Course. Location: Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor, Sponsor: The University of Michigan Medical School. Contact: Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. Approved for: 7 hours Category I Credit.

14-18, Principles of Manual Medicine. Location: Kellogg Center for Continuing Education, Michigan State University, East Lansing. Sponsor: Michigan State University College of Osteopathic Medicine and College of Human Medicine and The North American Academy of Manipulative Medicine. Contact: Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. Approved for: 40 hours Category I Credit.

MSMS MEETINGS

November

18, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517) 337-1351.

January

20, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517) 337-1351.

March

2, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517) 337-1351.

April

29 and 5/1, MSMS Board of Directors Meeting, Hyatt Regency, Dearborn, contact: William Madigan (517)337-1351.

AMA MEETINGS

December

6-9, AMA Interim Meeting, Marriott, Atlanta, GA, contact: AMA (312)645-4344.

February

12-14, Leadership Conference, Marriott Hotel, Chicago, contact: AMA, Carla Funk, (312)645-4392.

June

26-30, AMA Annual Meeting, Chicago Hilton and Towers, contact: AMA (312)645-4344.

December

4-7, AMA Interim Meeting, Loews Anatole Hotel, Dallas, TX contact: AMA (312)645-4344.

MSMS/A, AMA/A

MICHIGAN SPECIALTY SOCIETY MEETINGS

November

6, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

15, Emergency Medicine Residents'' Assembly, Michigan Chapter of the American College of Emergency Physicians, Marriott Inn, Ann Arbor, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

20, ACLS Instructor Course, Michigan Chapter of the American College of Emergency Physicians, Lake Michigan Community College, Benton Harbor, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

December

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

5, Residents'' Base Station Symposium, Michigan Chapter of the American College of Emergency Physicians, E. W. Sparrow Hospital, Lansing contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

NATIONAL SPECIALTY SOCIETIES

November

2-5, American College of Emergency Physicians Annual Meeting, San Francisco, contact: Colin C. Rorrie, Jr., PhD, Executive Director, P.O. Box 619911, Dallas TX 75261-9911 (214)550-0911.

8-13, American Society of Plastic and Reconstructive Surgery Annual Meeting, Atlanta, contact: Thomas R. Schedler, Executive Director, 233 N. Michigan Avenue, Suite 1900, Chicago, IL 60601 (312)856-1818.

OTHER MEETINGS

November

16-18, Challenge 150: Michigan Civil Rights Commission Fall Conference, Lansing, contact: Lois McCullen, Michigan Department of Civil Rights, Lansing Executive Office, 303 W. Kalamazoo, Lansing 48913 (517)334-6079.

CLASSIFIED

The rate for each classified advertisement in *Michigan Medicine* is 40¢ per word, with a minimum charge of $20.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

GENERAL SURGEON Recent medical retirement leaves opening for fourth surgeon to join three other board certified surgeons practicing general, thoracic and vascular surgery. Located in North Central Indiana. Interest in endoscopy and colo-rectal surgery desirable. Send resume to Box 106, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

INTERNAL MEDICINE Board certified or eligible to join 12 physician, expanding, multi-specialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four year college. Excellent salary and benefits. Call collect (715)532-6651 or send curriculum vitae with names of references to: John C. Smylie, Administrator, Marshfield Clinic— Ladysmith Center, 906 College Ave. W., Ladysmith, WI 54848

INTERNIST BE/BC To join two young internists in growing practice in Michigan's beautiful Upper Peninsula. New local hospital. Campus for Michigan State University Medical School. Community of 15,000. Send CV or call: Doctors Spender and Kuehnl, 218 South 10th St., Escanaba, 49829. (906) 786-1563.

MONROE, MICHIGAN Seeking full-time emergency department physicians for 193 bed hospital located 30 miles south of Detroit. Approximately 23,000 patients seen annually. Must be board eligible or board certified in primary specialty or emergency medicine. Excellent compensation and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092, or in Michigan 1-800-632-9650.

MICHIGAN Emergency Department Directorships, full-time and part-time opportunities available throughout the state. Rural and urban locations. Guaranteed hourly rate and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092, or in Michigan 1-800-632-9650.

NORTHWESTERN LOWER PENINSULA Attractive full- and part-time emergency department positions available in various locations. Malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092, or in Michigan 1-800-632-9650.

MICHIGAN, ANN ARBOR-DETROIT AREA Looking for career-oriented emergency physicians board certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Excellent compensation including malpractice insurance. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

SUBURBAN DETROIT Lucrative dermatology opportunity. Five centers all located in exclusive suburban settings. Seeking additional dermatologist. Excellent compensation package including incentives. Contact: Jean Malkasian, 250 Regency Court, Waukesha, WI 53186, (414)785-6500 collect.

FULL TIME, PART TIME AND LOCUM TENENS GPs, PPS and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to, or contact, Euclid Medical Group, PC, 1420 Center Ave., Bay City 48708, (517)892-1199.

OBSTETRICIAN/GYNECOLOGIST Marshfield Clinic is seeking a board certified or eligible obstetrician/gynecologist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250-physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Ave., Marshfield, WI 54449. Or you may call collect at (715)387-5498.

GENERAL INTERNAL MEDICINE Marshfield Clinic is seeking a board certified or eligible general internist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The center currently includes three internists. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250-physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Or you may call collect at (715)387-5498.

FAMILY PRACTICE PHYSICIAN BC/BE, wanted to join busy four-man group in beautiful northeastern Michigan on Lake Huron. City/township population of 22,000, service area population 64,000. Exceptional summer and winter recreation are: sailing, scuba diving, boating, fishing, hunting, skiing, golf. Excellent opportunity, salary, benefits, partnership after one year. Contact: William Ray, Director, Medical Arts Clinic, PC, 211 Long Rapids Road, Alpena 49707. (517)354-2142.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well-equipped 77-bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

INLAND SEACOAST IN BEAUTIFUL NORTHERN MICHIGAN Seeking six family physicians to help staff our satellites in St. Ignance, Rogers City,

Continued on next page

"Don't worry about it — it's perfectly normal. You shrink a little as you grow older."

CLASSIFIEDS/Continued

and Sault Ste. Marie, Michigan. The friendliness and safety of a small town are combined with the full membership benefits of partnership in the largest physician-owned group practices in Michigan. Local hospitals in each city, and instant access when needed to the 90-member, multi-specialty Burns Clinic Medical Center in Petoskey. Good schools and churches. Unexcelled hunting, fishing, skiing, and golf. Guaranteed excellent starting salary, all insurances, and unique full benefits including retirement and profit sharing programs. Send CV to or contact Richard Wakulat, MD, Burns Clinic Medical Center, PC, 560 West Mitchell, Petoskey 49770 (616)348-2360.

FAMILY PRACTITIONER OR INTERNIST willing to do Family Practice needed. If interested contact: Caro Family Physicians, 206 Montague, Caro 48723. Phone (517)673-2105.

INTERNIST, OB/GYN AND GENERAL PRACTICE PHYSICIANS Immediate opening in a busy established practice, located in the thumb of Michigan, about 100 miles from Detroit. Excellent schools, comfortable lifestyle with many opportunities for outdoor recreation. Competitive salary with all practice expenses paid, plus fringe benefits. Shareholder status available after first year. Reply to: Pigeon Clinic, PC, 7293 Michigan Avenue, Pigeon 48755 or call (517)453-3221.

HENRY FORD MEDICAL CENTER—FAIRLANE'S expanding full service medical emergency room seeking additional emergency room physician. 1986 volume 47,000. Must know pediatrics, ACLS and ATLS certified. Send CV to: Michael E. Somand, MD, Medical Director, Henry Ford Medical Center, 19401 Hubbard Drive, Dearborn 48126.

IMMEDIATE OPENING FOR Family practitioner or internist. Full or part time. Maybe semi-retired for physicians office in the Southfield, Lathrup area. Call Richard Corey, Administrator (313)557-5155.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/GYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

MISCELLANEOUS

HOLTER MONITOR Quality scanning for reel or cassette records by a company in the medical field for over twenty years. Quality reports by qualified technicians and certified cardiologists returned in 24 hours. Recorders loaned, leased or purchase new dual channel holter recorder, $995, with one year warranty. For further information call Advance Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new dual channel (cassette) recorder for as little as $48.00 per month. $35.00 for reports. DCG Interpretation. (313)879-8860.

HERE
THERE
NEITHER HERE NOR THERE
EDGAR ARGO

LEASE HOLTER RECORDERS or other medical equipment. Medical Leasing Company. (313) 879-8860.

APPRAISALS AVAILABLE by Certified Surgical Consultant; practice sales, retirement, taxes, inventory, divorces. Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

HIGH GROSSING FAMILY PRACTICE FOR SALE in sunny Florida. Enjoy a traditional practice with rural benefits without metropolitan congestion. We also have family practices for sale in 11 other states. Take a moment and call today for more information. Jackson and Coker, (404)393-1210, Bob Kinberger.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback nursing homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

CARDIOLOGY Practice for sale—cardiology major, internal medicine minor. Affluent suburban practice. Will stay for transition period. (313)647-7272. Please respond to Box 109, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

1988 CME CRUISE/CONFERENCES ON MEDICOLEGAL ISSUES and Risk Management—Caribbean, Mexico, Alaska, China/Orient, Europe, New England/Canada, Trans Panama Canal, South Pacific. Approved for 24-28 CME Cat. 1 Credits (AMA/PRA) and AAFP prescribed credits. Distinguished lectures. Excellent group rates on finest ships. Registration limited. Pre-scheduled in compliance with IRS requirements. Information: International Conferences, 189 Lodge Avenue, Huntington Station, NY 11746. (516)549-0869.

APPRAISALS AND EVALUATIONS We specialize in determining the value of practices for any purpose—sale, purchase, buy-in—buy-out. Financial planning, divorce, etc. We also specialize in partnership development and practice analysis. Protect your interests! Call Richard Corey, CMDC, Medical-Dental Management Consultants Corp., 31158 Perrys Crossing, Farmington Hills 48018, Day (313)661-0888, night (313)661-0404.

PEDIATRICS & ADOLESCENT MEDICINE PRACTICE located in Southfield professional building, close to several busy shopping centers, ample parking, modern, neat, organized, fully equipped and eye appealing to everyone. Smooth transition, excellent working staff. Call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076

DOCTOR HAS TWO DEVELOPED PRACTICES AVAILABLE one with building, just assume debt. 30-minutes from downtown Grand Rapids, small town atmosphere, neat organized, fully equipped, excellent opportunity, competition minimal, terms!! terms!! Call Herbert Silverman, Associate Broker (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

BUSINESS & PLEASURE COME TOGETHER Luxurious lifestyle in this corporate,multi-family, or executive lake estate. All of the golf, skiing, tennis, dining, entertainment and Torch Lake amenities one could dream of. Call today for information packet. (616)533-8616 Century 21 Fischer Realty.

DOCTOR RETIRING Well developed practice, established 35 years, located in pleasant residential area— Lincoln Park bus transportation available, fully equipped and furnished, netting $79,000, great terms, pay for practice out of profits, 2900 sq. ft. building, land contract available, terms!! Call Herbert Silverman, Associate Broker (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

IDEAL STARTER/MERGER OPPORTUNITY Established general practice located in busy Oak Park, 3 exam rooms, lab, x-ray ready plus large neat office area, excellent parking, excellent patient base with constant growth, easy terms, call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

FABULOUS ROCHESTER LOCATION Excellent family practice, Crittenton Hospital and a nursing home nearby, office is sharp, neat, well organized. Loyal and stable patient base with great growth potential. Large enough to accommodate two doctors, if desired. More than ample parking, grossing $180,000. Doctor retiring. Call Herbert Silverman (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

LET US MARKET YOUR PRACTICE! We bring buyers and sellers together quickly and at the right price and terms! We also specialize in evaluations, marketing, consulting, negotiations, financing, transition, phase in/phase out. Please call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, MI 48076.

PHYSICIAN SIGNATURE LOANS TO $50,000 Up to 7 years to repay. No prepayment penalties. Prompt, courteous service. Competitive fixed rate. Physicians Service Association, Atlanta, GA. Toll-free (800)241-6905.

SOLO GYNECOLOGY PRACTICE FOR SALE This solo gynecology practice has done no obstetrics for ten years. In the past six years (1981 through 1986) actual business was 2.72 million dollars and actual money collected was 2.49 million dollars. Mid Michigan community with excellent hospital (one), schools, parks, churches, colleges and golf courses. Ann Arbor and East Lansing are nearby. An experienced and superbly qualified team (certified registered nurse practitioner, registered nurse, master word processor and a receptionist) is willing to stay on. Owner will transmit clinical skills and introduce buyer to patients. Please reply to Box 101, Michigan Medicine, PO Box 950, East Lansing 49926-0950.

FOR SALE: INTERNAL MEDICINE PRACTICE located in prosperous community within easy travel of Flint, Detroit, Ann Arbor, Lansing. Patient mixture comprised of 75 percent female. Sale of practice to include all office equipment. Write: ICDA, PO Box 6366, Saginaw 48608 or call Linkage Enterprises (517)799-0125 and ask for Mr. Ferris Finerty.

APPRAISAL SERVICE FOR THE PROFESSIONAL Medical and office equipment for physicians offices, nursing homes, hospitals and clinics. 20 years experience. Business valuations also available. No sales. Call or write Schrader Companies, 1108 S. Water, PO Box 3205, Saginaw 48605. (517) 752-0800.

50% OFF PREVIOUSLY OWNED MEDICAL laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Medical Equipment Resale and Repair Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group, Inc., (313)548-9900.

OB/GYN PRACTICE: Macomb County. Surgical Practice: Royal Oak. Two Psychiatric Practices: St. Clair Shores and Grand Blanc. Gastroenterology Practice: N. Oakland County. Womens Clinic: Detroit. Internal Medicine: Mason County. For more information call Lydia Sikora, Commonwealth Health Care Group, Inc. (313)548-9900.

FOR SALE Bios cart mounted nuclear stethoscope. 2 years old. Low usage. Call (313)258-2888.

OB/GYN PRACTICE Macomb County. Surgical Practice: Royal Oak. Two psychiatric practices: St. Clair Shores & Grand Blanc. Womens clinic: Detroit. Internal medicine practice: Mason County. General practice: Detroit. For more information call Lydia Sikor, Commonwealth Health Care Group, Inc. (313)548-9900.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback nursing homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

LANSING AREA physician has office space to sublet. Call (517)323-8333.

MUST SELL UROLOGY PRACTICE in Western Michigan, Grossing $300,000 plus. Call or write: (313)353-3610 or Michigan Practice Brokerage Corporation, 20300 Civic Center Drive, Suite 230, Southfield, Michigan 48076-4105.

THANKS TO OUR ADVERTISERS

Advance Medical & Research	701
Ayerst	669-672, 704, 706
Bennethum Computer Systems	685
Butterfield Hospital	713
Campbell Labs	711
Family Practice Recert.	695
Health Care Computing Service	709
Kent County Medical Society	692
Kidder Peabody	708
Lab of Clinical Medicine	712
Lilly	694
Manufacturers Bank	667
M Labs	689
Michigan Health Billing Service	686
Medic Computer Systems	691
MediScene	697
McNeil Pharmaceutical	677
MPMLC	687
MSMS Annual Scientific Meeting	IFC
New England Health Search	700, 702 708, 710, 716, 717
PICOM	699
Plante & Moran	698
Public Sector Consultants, Inc.	679
Roche	681-684, IBC, BC
Sierra Health Services	721
Smith, Kline, French	703
Stratton Cheeseman	714
Trans Global Tours	688
U-M Medical Center	707
Upjohn	693
Warde Medical Laboratory	686

PHYSICIANS NEEDED

Southwest Medical Associates, Nevada's oldest and largest multi-specialty group, has immediate full time career positions in Family Practice, Internal Medicine, Endocrinology, Cardiology and Occupational Medicine. Positions offer excellent compensation and benefits plus pension and profit sharing. Malpractice and relocation expenses included. Interested M.D. or D.O. should apply with CV to:

Joan Hill, Administrator
Southwest Medical Associates
P.O. Box 15645
Las Vegas, Nevada 89114-5645

Membership, membership

By Carl A. Gagliardi, MD

All of us tire of being preached to, but these comments are not going to be in the form of a lecture, so please read on. Obviously you are already a participant in organized medicine or you wouldn't be reading this article. What I hope to do is to give you some ammunition to use in your next attempt at persuading a nonmember physician colleague to join our ranks.

First of all, our efforts must be directed toward encouraging full participation in county and state organizations as well as in our national society. Only then can we reach our full potential.

Excuses

The excuses that are proffered for non-membership are many. There are those who claim that the AMA spends too much time and money on socioeconomic matters while others think more effort should be spent along these lines. Some feel the AMA is more favorable to the interests of the physician in private practice while others complain that it is too charitable toward the HMOs. There are physicians who claim the AMA has not done and is not doing enough for minority physicians, women physicians or young physicians and others who take the opposite viewpoint.

The bald truth is that the AMA cannot possibly be all things to all people, but an honest effort is being made to represent all physicians fairly and equitably.

Doctor Gagliardi

The AMA holds to the tenet that medical decisions should be made by physicians in consultation with their patients and not by government bodies or third-party payers. This holds true regardless of whether the patient is seen in a private solo or group practice setting, an HMO, a PPO, a university clinic, or whatever. It is for this principle that the AMA takes on all comers in any matter that tends to interfere with the doctor/patient relationship. No other single organization can do this better, or even as well, as they can.

Politicians are nurturing the idea that mandatory patient assignment should be a prerequisite for licensure to practice medicine. Can any one of us fight that battle singly? Of course not! However, if the AMA loses this fight, we will lose any control we may have left over our own practices. This is but one example of how important it is that the AMA be able to speak for all of us.

Liability reform

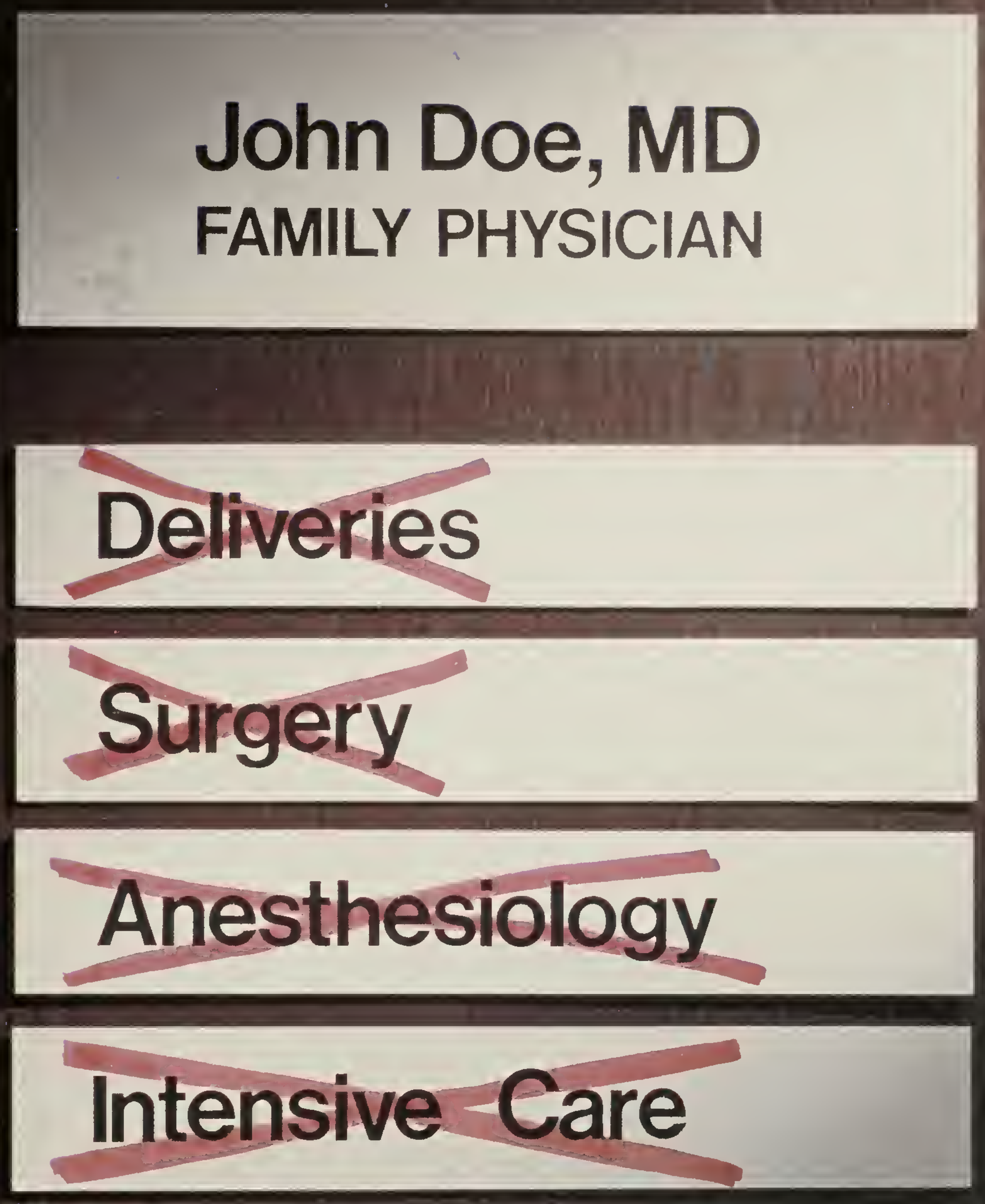
Another equally important issue currently on the legislative scene is liability reform. The present, evil tort system will only be changed when we and our patients demand reform. It will never just happen. When we, as physicians, speak with many different voices, our messages become garbled, and those individuals on whom we must depend to bring about meaningful relief fail to understand the urgency and magnitude of the problem we are facing.

But such a united voice does not come cheaply. It takes dues money from all of us in order to make any inroads in the legislative process.

If every physician who reads this article could persuade just one other physician to join in, we would be a long way toward achieving that single voice we so desperately need. Let's boost county, state and AMA membership to the levels that will really make a difference, and then we'll all know who organized medicine really speaks for—our patients. ☐

MICHIGAN MEDICINE

NOVEMBER 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86, NO. 11


John Doe, MD
FAMILY PHYSICIAN
~~Deliveries~~
~~Surgery~~
~~Anesthesiology~~
~~Intensive Care~~

Medical liability — 1987

UCSF LIBRARY
Received on: 12-03-87

191 00000000000 123187
UCSF LIBRARY
SERIALS DEPARTMENT
257 MEDICAL SCIENCES BLDG
SAN FRANCISCO, CA 94143

Whom To Call At MSMS Headquarters

Executive Director: William E. Madigan
Assistant Director: Kevin A. Kelly

Address changes	Peg Berry
Advertising (in *Michigan Medicine)*	Betty McNerney
AMA Delegation	Sherry Wellman
Annual Scientific Meeting Program	Sherry Fent
Arbitration	Mary Anne Ford
Auto Lease Plan	Wayne Burmeister
Blue Cross Blue Shield/Third Party Payors	Thomas White
Board of Medicine	Dan Farhat
Continuing Medical Education	
Accreditation	Katie Brewbaker
Category I Calendar (in *Michigan Medicine)*	Sherry Fent
MSMS-Sponsored Conferences	Sherry Fent
Dues Billing & Payments	Peg Berry
Financial Operations	Richard Campau
Graduate Medical Education	Sherry Fent
Health Education Foundation	Vada Davis
HMOs/PPOs	Thomas White, Deborah Zannoth
Hospital Medical Staff Relations	Deborah Zannoth
Impaired Physicians Program	Katie Brewbaker
Judicial Commission	Katie Brewbaker
Legislation	Terry Vanderveen
Loss Prevention Risk Management	Dan Farhat
Maternal Health Conference	Sherry Fent
Media Relations	David Fox
Medicaid	Mary Anne Ford
Medical Assistants	Caroline Rich
Medical Ethics	Katie Brewbaker
Medicare	Deborah Zannoth
Medigram	Judy Marr
Member Benefits (Including insurance programs)	Wayne Burmeister
Membership Records	Peg Berry
Michigan Allergy Society	Viola Heins
Michigan Association for Medical Education	Viola Heins
Michigan Doctors Political Action Committee	Kevin Kelly, Dan Farhat
Michigan Chapter, American College of Surgeons	Viola Heins
Michigan Medicine (MSMS Journal)	Judy Marr, Betty McNerney
Michigan Society of Anesthesiologists	Caroline Rich
Michigan Society of Internal Medicine	Caroline Rich
Michigan Society of General Surgeons	Caroline Rich
Michigan Society of Pathologists	Viola Heins
Michigan Society of Respiratory Therapy	Caroline Rich
MSMS Auxiliary	Viola Heins
MSMS Committee Meeting Schedule	Katie Brewbaker
MSMS House of Delegates	Richard Campau
MSMS Meeting Facilities	Linda Munson
MSMS Travel Programs	Donna Farougi
Public Information	Kirk McMurray
Peer Review Organization of Michigan (PROM)	John Richards
Physician Legislative Network	Dan Farhat
Physician Service Group, Inc.	John Richards
Practice Management	John Richards
Professional Liability Insurance	Richard Campau
Public Health Liaison	Mary Anne Ford
Public Relations	Sherry Wellman
Specialty Societies	Donna Farougi

MICHIGAN STATE MEDICAL SOCIETY, 120 W. SAGINAW ST., BOX 950, EAST LANSING, MI 48826-0950 517/337-1351

MICHIGAN MEDICINE

NOVEMBER 1987 VOL. 86 NO. 11

Special Report

MSMS is beginning aggressive treatments to help rid the state of what MSMS President Carl A. Gagliardi, MD, calls the "liability cancer." Thus this issue brings you all the latest statistics in the societal condition of the patient, and the MSMS philosophies behind the treatment regimen. Included are a reworking of the 1987 MSMS Medical Liability Report, which has been presented to all the state's legislators; excerpts from MSMS President Carl A. Gagliardi's address at the 1987 MSMS Public Affairs/Leadership Conference, which won him a standing ovation, and portions of the hundreds of letters MSMS members have sent the governor in recent weeks. 726

Features

Spotlighting MSMS committees
Committee on State Legislation and Regulations works to inform, set policy —
By Frederick V. Minkow, MD 748

Doctor Schwarz thanks physicians
After a year in office, the only MD legislator in Michigan thanks MDPAC —
By Gary Naeyert 752

How Russian obstetrics compare
The chairman of the U-M Department of Obstetrics and Gynecology reports on his observations on a recent trip —
By Rudi Ansbacher, MD 754

Taking the liability crisis to the lawmakers
Jackson County physicians meet with House Majority Leader — A photo feature 763

Genesee County Medical Society project
Model "living will" receives notice around the country —
By Peter A. Levine 768

It's license renewal time again
Board of Medicine administrator provides advice for meeting renewal requirements —
By Thomas J. DeKornfeld, MD 774

In my opinion
A medical career *is* worthwhile —
By Frederick F. Shevin, MD 724

Letters 725

Views
Strengthening the patient-doctor relationship —
By Stan Alfred, MD 750

Medical newsfronts 766

Physicians in the news 770

Deaths 776

New members 780

Category I courses 781

Meetings 783

Classified 785

Ad index 787

President's page
Let's talk turkey —
By Carl A. Gagliardi, MD 788

In next month's issue of *Michigan Medicine:* What physicians need to know about MPRO, to help them deal better with its procedures and to keep better track of its activities.

Cover photo by Kim Kauffman.

IN MY OPINION

A medical career *is* worthwhile

By Frederick F. Shevin, MD

Hardly a week passes when this eavesdropper fails to overhear a conversation between physicians regarding the cost of insurance, the danger of malpractice suits, the hassle of insurance forms, the delay in receiving payment for claims, the inexorable erosion of control over one's own practice by the HMOs and the growing giant, the hospital corporation, which is poised to gobble up the private practitioner and make a hospital employee out of him.

The most saddening part of these conversations is the regret so many have that they entered the profession in the first place and the advice they give to the young to seek their future in some other endeavor.

In my opinion, despite all this disparagement, the pessimists and doomsayers comprise only a small minority of our ranks. Most physicians are members of the "silent majority," those who would become physicians all over again if they had the chance.

Why are they the silent majority? Perhaps it is because only a few can express, in public, their true emotions about the healing profession. We don't feel comfortable about waxing sentimental about the meaning to us of our chosen work. We blush too easily about feeling we belong in the historical fabric of what we so shyly refer to as the noble profession of medicine. We think it would seem laughable to others if we were to refer to ourselves as siblings of the historical greats of medicine.

Therefore, we listen to the complaints and nod our heads in assent when we hear the verbal minority lament the predicted demise of medical practice which, I would like to add, is a quite legitimate concern for all of us. However, we would still do it all over again. Not one of us is ashamed of having MD tacked on to the end of our name.

To quote the musical, *West Side Story*, "There's a place for us," and we'd take it any day, complaints and all. However, this does not mean that we should accept the "place" offered to us. A medical career is worth a hell of a fight. ☐

This article is printed with the permission of the Oakland County Medical Society and the author, who is a Franklin psychiatrist.

Michigan State Medical Society
William E. Madigan,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Managing Editor
Betty J. McNerney

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Judy Marr and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Crippled children have rights

Children with handicaps have right to the best quality of life ossible. They should be given very opportunity to develop to heir maximum potential in ealth, education, self-support nd self-fulfillment. Michigan hysicians would certainly agree, nd the Michigan Division of Serices to Crippled Children is edicated to these goals. They vill be reached only when the exent possible and full access to apropriate services is assured.

To help physicians use the Diision to their patient's best adantage, we present the following summary of the Division's rograms.

The Division of Services to rippled Children of the Michigan Department of Public Health upports an entire continuum of are with a focus on activities which prevent the occurrence, interrupt or terminate the progress of, and reduce the impact of, handicapping conditions.

Division functions are carried out at local, regional and state levels. Major services include prevention, case finding, diagnosis, medical care and treatment, and case management.

Preventive services include support of the Michigan Genetic Services Program, neonatal intensive care programs in hospitals and locally-arranged otology clinics throughout the state. A variety of sources contribute to case finding efforts, with referrals received from physicians, public health nurses, hospitals, and families.

Free diagnostic evaluation services are offered to all Michigan children with a suspected handicapping condition. Over 25,000 children are evaluated each year at hospital clinics, program-sponsored field clinics and other approved sites.

Treatment services are provided for all children who are medically and financially eligible. The Division assists families by assuming all, or part of, the cost of related treatment for the handicapping condition, recognizing that the high cost of care often creates an economic barrier to these important services.

Strengthening services at the community level has been a Division priority over the last several years. Locally-based services, a method of providing community-based support for identifying the needs of those with chronic illness and handicapping conditions and their families and responding through a variety of support mechanisms, have been the primary focus of this endeavor.

Future directions include strengthening services delivered in the community; recognizing and supporting the significant role of families in the delivery of care; improving coordination between specialty and community care; promoting high standards of care for children with handicapping conditions; and improving operational efficiency.

Our obligation to respond to provider problems with the CCP system is delivering services to enrolled children is taken very seriously. The existing channel of communication for these concerns is the appropriate local health department or DSCC regional office, depending on the clients residence. If a system problem for a specific case is not resolved satisfactorily, you are encouraged to describe the matter in a letter to George Baker, MD, the chief medical consultant of this Division. His address is 3500 N. Logan, Lansing, 48909.

Denise Holmes, Chief
Bureau of Community Services
Michigan Department of Public Health

Lyme disease in Michigan

Lyme disease, a tickborne disease caused by a spirochete Borrelia burgdorferi, has attracted considerable attention in recent months. The condition, which was initially thought to be limited geographically to the East Coast, Wisconsin and Minnesota, appears now to be occurring nationwide. Human Lyme disease has been diagnosed in the Upper Peninsula. The multiple manifestations of the disease contribute to the fact that it is often overlooked or misdiagnosed. The initial lesion around the tickbite ("erythrema chronicum migrans") is fairly typical and oc-

Continued on page 773

SPECIAL REPORT

MSMS 1987 report on medical liability

Excerpted from the September 1987 report of the MSMS Task Force on Professional Liability.

The medical liability crisis persists. Although Michigan and most other states have enacted a variety of tort reforms, liability premiums for physicians and health care costs to consumers continue to escalate.

As a recent survey by Northwestern University professor Martin Block, Ph.D., shows, a large number (20.1 percent) of Michigan obstetricians/gynecologists no longer practice obstetrics because of prohibitive liability premiums. Almost two-thirds of the physicians surveyed said medical liability premiums have forced them to avoid high-risk patients. The more physicians are forced to limit their services, the greater the likelihood that a patient will not receive the best health care possible.

The roots of the crisis lie deep, and the problem cannot be easily remedied by changes in the tort system. With the advent of complex medical technologies and procedures, physicians have been able to do more and more for their patients. Patients' expectations, in turn, have risen. When patients expect miracles from their physicians, a maloccurrence (a bad result) can be unfairly attributed to malpractice (negligence). Attorney and former president of the University of Michigan Robben Fleming, whom Governor Blanchard appointed as an independent fact-finder on medical liability, puts it succinctly in his report to the governor and the legislature: "Our society has grown increasingly sympathetic with an individual who has suffered an injury, whether caused by an intentional or negligent act or not."

If maloccurrence and malpractice continue to remain indistinguishable in our society, states' efforts to tinker with the tort system will do little to prevent crises in the availability and cost of medical liability insurance. These reforms do not adequately address two major problems with our civil justice system: (1) true victims of malpractice must often wait years to recover damages, and (2) more than half of an award goes not to the victim, but to legal costs and attorney fees. As Fleming notes in his report, fundamental changes must be made in our civil justice system: "If we believe that individuals who suffer injury should be entitled to recover damages, then we ought to forthrightly face up to the establishment of an insurance system which would not pretend to be based upon intent or negligence." Fleming concludes his report by calling for the governor to appoint a statewide task force to examine alternatives to the tort system.

The Michigan State Medical Society agrees with Fleming and has urged the governor to appoint a task force. This task force would not be operating in a vacuum; other states and countries have established novel and effective ways to compensate victims fairly and rapidly. These systems protect conscientious physicians, improve patients' access to care and physician-patient relationships, and reduce costs to society. Given the limitations of our tort system, these proposals deserve scrutiny in Michigan.

I. Introduction: A brief history of medicine and medical liability

Perceptions from the past

Many of us share an image of the 19th and early 20th century American doctor: A wise, kindly man who made house calls, trekking willingly through bad weather and good to aid an ailing patient. While taking the patient's temperature, prescribing rest, and reassuring the family that all would be well in time, he would ask about the farm or the relatives' visit over the holidays. The family doctor was a respected friend.

This is an idealized portrait, of course. It masks the fact that, before drugs and technology, physicians often lacked the resources to help their sick patients. Patients understood this, but it did not necessarily diminish their trust in their physicians. In some cases, there was risk that treatment would worsen a patient's condition. If a patient agreed to a risky treatment in the hope that it would help and it did not, the patient was much less likely then than now to see this as the physician's fault.

This is not to say that malpractice — the negligent or injurious treatment of a patient by a physician, nurse, or other health care professional — did not occur. But patients — who understood the limitations of medicine, who recognized medicine as the art of dealing humanely and fairly with the sick as well as the science of specialized knowledge — did not often confuse a physician's negligence ("malpractice") with a bad outcome ("maloccurrence") that occurred despite a physician's best efforts.

The 1970s and 1980s: Great expectations and growing distrust

In earlier times, when physicians could do little, patients expected little. With the advent of "wonder" drugs and complex medical technology and procedures, physicians have been able to do more and more for their patients. Patients' expectations have risen. Newspapers headline medical "miracles" made possible by new discoveries in medical technology. At the same time, public trust in professionals, elected officials, and people in the public eye has declined. It has become common to question the motives and sincerity of people we once readily trusted. Physicians, lawyers, presidents, and athletes are being weighed in the balance — in some cases justifiably, in other cases not — and found wanting.

> **"If . . . a failure to cure were held to be evidence, however slight, of negligence on the part of the physician or surgeon causing the bad result, few would be courageous enough to practice the healing art, for they would have to assume financial liability for nearly all the ills that flesh is heir to."**
>
> Federal Judge William Howard Taft of Ohio, *Ewing v. Godde*, 1897.

When public distrust combines with heightened expectations, when patients both believe in medical miracles and harbor doubts about physicians' abilities, character, or intentions, accusations of malpractice are inevitable. When a miracle is expected, a bad result (maloccurrence) can be unfairly attributed to negligence (malpractice). In reality, both miracle cures and incidents of true malpractice are infrequent.

It is not surprising that the first medical liability crisis occurred in the early 1970s, at the same time that Marcus Welby, M.D. — the flawless, but fictional, TV physician who cured and made lifelong friends with every patient he saw — topped the Nielsen ratings and the news of the Vietnam War and Watergate sent public confidence to all-time lows.

Certainly, physicians have had a hand in creating the image of the "super doctor" in the public mind. They embrace the wonders of technological advances, mastering medical information so specialized that, in discussions with patients, the knowledge gap is more evident than a feeling of cooperation and shared responsibility for restoring and maintaining good health. Physicians and patients have jointly created an unrealistic and daunting portrait of the curative powers of physicians and medical technology; they must now jointly create a realistic environment in which they act in tandem, sharing responsibility for a patient's good

Continued on next page

SPECIAL REPORT/Continued

health.

The civil justice system: Obscuring rights and responsibilities

Even patient doubt and unrealistic expectations would contribute little to the current medical liability crisis if they were not accompanied by the widespread belief that any injury, accident, or problem should be compensated. This is not only a problem in medicine; it has invaded every aspect of our lives. Parks, playgrounds, and other recreational facilities are closed because of high and unpredictable liability costs. Highway departments are blamed for automobile accidents. Schools are sued by failing students. When a diabetic patient suffers a heart attack after failing to follow a physician's instruction on diet, the patient sues the physician. Our civil justice system may not ultimately reward the heart attack victim (the plaintiff may lose), but the physician named in the suit will endure years of defense of a case that will disrupt his/her practice and eventually contribute to higher medical liability insurance premiums. A Rand Corporation study shows that plaintiffs lose 82 percent of their liability cases; the physicians who "win" do not really win anything but relief from the distress they should not have had to endure in the first place. The system encourages greed; it can reward people who fail to take their proper share of responsibility for the injuries and maladies that they have suffered and can punish conscientious physicians who have treated and advised their patients responsibly.

The civil justice system was designed to balance individual rights and social needs. Now, too often, it guarantees neither. Those who collect damages must often wait four to five years before receiving compensation. In these circumstances, even a large judgment may be small consolation for a true victim who must survive the intervening period, usually without his/her normal means of financial support. And, after years of litigation, plaintiffs who do win receive only 40 to 50 percent of the award. In 1984, the Physicians Insurance Company of Michigan (PICOM), one of two major malpractice liability insurers in Michigan, made payments of nearly $18 million to claimants; only $7,179,528 (40 percent) went to injured patients, the intended beneficiaries of our civil justice system. The rest covered insurance company expenses (8 percent), attorney fees (40 percent), and legal expenses including prejudgment interest (12 percent).

The abandonment of the noble risk

Social progress is hampered by the threat of liability suits. For example, a health care equip-

Doctors deluge Governor with letters

Editor's note: At the request of MSMS, many doctors have sent — and are still sending — letters to Governor Blanchard urging him to establish a task force to study and alleviate the current medical liability crisis in Michigan. Below are excerpts from some of the hundreds of letters the Governor has received.

"I am outraged by the medical malpractice climate and rates that I pay as a plastic surgeon in the state of Michigan. I am currently paying 33 cents for every dollar of coverage! The medical liability crisis continues despite the tort reform legislation passed in 1986. I feel the state government must act to control the situation before it gets further out of hand."

Ned Z. Winkelman MD
Plastic Surgeon
Bloomfield Hills

"I, and many others I have talked with, thought we would want to practice medicine until we died with our boots on. But now, we seem to be counting the days until retirement and avoiding these unnecessary and devastating effects some segments of the legal profession, with what appears to be a purely financial motive, are subjecting us and our families to."

Steven G. Manikas, DO
Family Practitioner
Ann Arbor

"Foote Hospital has the single emergency department in the greater Jackson area capable of handling major trauma. It is becoming increasingly difficult, however, to find physicians to accept high risk patients from the emergency room. Trauma patients then have to be transferred to the University of Michigan—if there is an available bed. If not, our options diminish as our malpractice risk intensifies—and patients suffer the most.

"Many pregnant mothers try to have our emergency physicians care for them because they cannot find prenatal care elsewhere, especially those who cannot find transportation to Chelsea, Lansing or Ann Arbor. What frequently happens? No prenatal care."

Mary Anne Mangelsen,
PhD, MD
Jackson County Emergency
Service, P.C.
Jackson

"It is of great concern to us up here in Iron River, Mich., that we are losing obstetric coverage for our patients. Another physician has stopped his obstetric coverage and that leaves only two physicians delivering babies in Iron River.

'What this means is that some patients are now forced to travel somewhere in the vicinity of 40 miles to the next closest hospital to receive their obstetric care."

Peter J. Zenti, MD
Family Practitioner
Iron River

ment corporation abandons the development of a home kidney dialysis unit. Five of six U.S. companies making measles vaccines stop production. Why? Because they may be sued, and win or lose, the costs are extraordinarily high. The penalty for taking risks — not foolish ones, but risks that may result in help for thousands of people — has become so great and so unpredictable that people are unwilling to take them. And without noble risks, innovation will diminish, new products or procedures may be slow in coming, and many of the innovations we have now may be withdrawn.

II. Medical liability data and a survey of selected specialties: The costs to physicians and patients

The persistence of the medical liability crisis and its costs to consumers and physicians assume a greater immediacy when pertinent data are presented and their implications explained.

Data on medical liability premiums, cases filed, and indemnities paid

According to data from the Michigan Physicians Mutual Liability Company (MPMLC), one of Michigan's two major companies providing liability insurance for physicians, the number of cases reported rose each year from 1980 through 1986 (see Exhibit 1, this page). This is a 166 percent rise in only seven years.

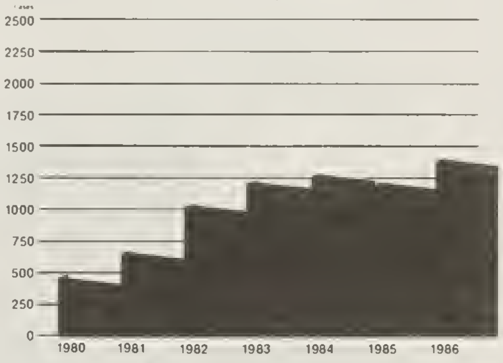


Exhibit 1
Cases* Reported

*Includes lawsuits and other claims

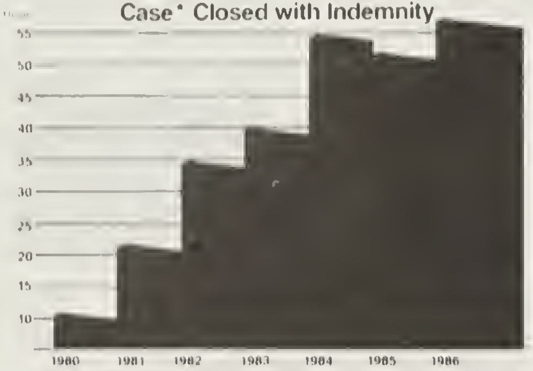
The American Medical Association reports that physicians were three times as likely to be sued in 1986 as in 1980. Common sense tells us that there has not been a threefold increase in the number of incompetent physicians in the last seven years. Furthermore, the increase in the number of cases reported has been accompanied by a substantial growth in the average indemnity (payment for loss or damage) per case (see Exhibit 2, next page). The average indemnity paid by MPMLC rose from $10,873 to $57,058 between 1980 and 1986, a 425 percent increase. It is important to recognize that this growth does not naturally follow from the increase in cases reported. But, at present, more cases do go hand in hand with higher average payouts, which attests to the willingness of juries to grant plaintiffs higher and higher awards.

The increases in cases reported and average indemnity per case mean that more and more people are availing themselves of a

Continued on next page

Exhibit 2

Average Indemnity Payment per Case* Closed with Indemnity



Data from Michigan Physicians Mutual Liability Company (MPMLC)

civil justice system that costs them nothing if they lose. Physicians, in contrast, lose even if they "win." Any suit filed, even if eventually dropped, requires that the insurance company pay legal costs. These are passed on to all physicians through higher malpractice premiums. As Exhibit 3 shows, premiums have escalated enormously in only a few years. According to MPMLC, the base premium for metropolitan Detroit obstetricians/gynecologists with claims occurrence policies has risen 132 percent between April 1985 and April 1987. For outstate obstetricians/gynecologists, the base premium has increased 184 percent in the same two-year period. These premiums are base rates for all physicians, including those who have never been sued or lost a case filed against them.

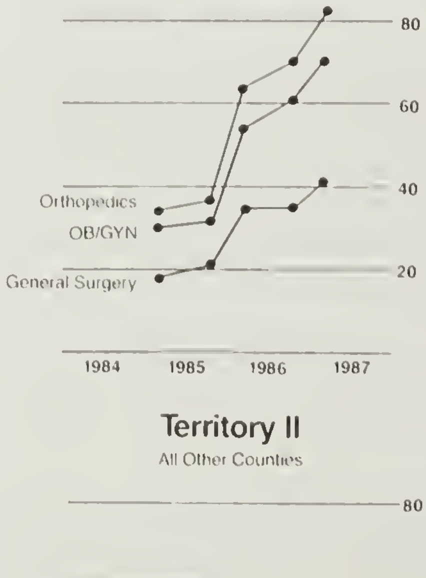
One would expect that most medical liability suits are filed against undertrained, incompetent, or impaired physicians. But many more suits are filed against the best-trained, most-skilled physicians. For example, obstetricians/gynecologists may have received up to nine years of medical training after college. To become certified by their specialty board, they must pass difficult examinations. After some years of experience and after scrutiny of their work by their peers, some become Fellows in the American College of Obstet-

Exhibit 3

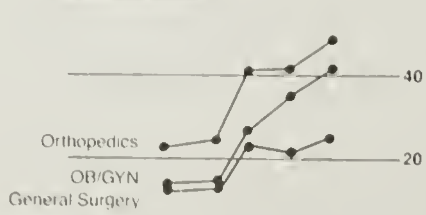
Base Insurance Premiums for Selected Physician Specialists

MPMLC
$200/$600,000 Occurrence Policies for MDs

Territory I
Wayne, Oakland and Macomb Counties



Territory II
All Other Counties



"I have recently had the opportunity to review medical cases for defense lawyers and am most concerned about the types of cases being pursued by plaintiffs lawyers on a tort basis alleging medical malpractice. In my brief hands-on experience, I am amazed to see the types of problems plaintiffs are seeking compensation for; problems that have nothing to do with malpractice and, often, even have nothing to do with so-called 'medical maloccurance'. Something has to be done to address these issues and, at present, it seems that it is business as usual, which is a totally unacceptable situation."

Ivars Zadvinskis, MD
General Surgical Associates, P.C.
Grand Rapids

"The medical liability crisis is driving many physicians from Michigan. Personally, I have made the difficult decision to stop delivering babies. I am a board certified family practitioner working in a town of 3,500 people with 11,000 in the county. The other physicians in town have also discontinued obstetrical services because of our great concern in regards to the liability issue. The people who suffer will be the citizens of this county. However, we do not feel that we can put ourselves in personal jeopardy any longer."

Scott R. Pynnonen, MD
Family Practitioner
L'Anse

"My neighbor across the hall, who is a thoracic surgeon, tells me of attending a man with a severe injury from being stabbed in the chest, following which he went blind because of lack of oxygen from the injury. The doctor, however, is being sued because the claim is that there was lack of oxygen during the necessary operation to save the man's life. Shortly after this suit was filed, again, the thoracic surgeon was called because of a stab wound. He rushed to the hospital in the middle of the night to see the patient, and when he found the patient dead before he could do anything, he was almost relieved because he wouldn't have the anxiety regarding a possible malpractice suit."

Walter L. Howland, MD
Arthritis and Rheumatic Diseases
Bay City

"I have 12 years of post-high school education and three years of residency training. I have been involved in saving many lives. I am on call for service every third day for 24 hours and work 10 to 12-hour days. I work many weekends while others play. I am getting tired of being a target for liability huntsmen. If the liability situation does not change over the next couple of years I will no longer practice in Michigan.

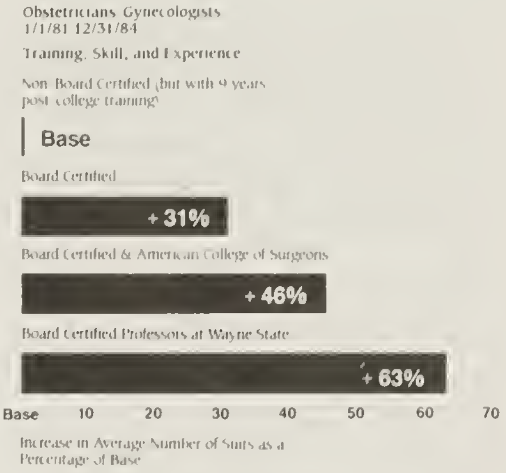
Franz O. Igler, MD, PhD
Anesthesiologist
Battle Creek

ries and Gynecology. As Exhibit 4 shows, the more accomplished an obstetrician/gynecologist, the more likely he/she will be sued. They are sued most, not because they are more often guilty of negligence, but because they treat patients who are at greatest risk. When these physicians are sued for maloccurrence, we jeopardize the future treatment of countless people; if it becomes too risky, many of our best physicians may be forced to limit their practices. A system that discourages excellence and self-improvement benefits no one.

The survey of obstetricians/gynecologists and family practitioners: The effect of the malpractice liability crisis on consumers

Unfortunately, the continuing malpractice liability crisis has begun to affect how physicians practice medicine. In an August 1987 survey of 286 obstetricians/gynecologists and 350 family practitioners, Martin Block, Ph.D., Northwestern University professor, finds that 47 percent of the obstetricians/gynecologists have stopped delivering babies or have reduced the number of babies they deliver. Another 24.2 percent are considering stopping or limiting deliveries. In fact, a large number (20.1 percent) of Michigan obstetricians/gynecologists no longer practice obstetrics because of prohibitive liability premiums. Almost two-thirds (66 percent) said that the medical liability crisis has forced them to avoid high-risk patients. Six out of seven (86 percent) said they order additional tests for their patients to guard against possible accusations of malpractice. These data should awaken consumers to the gravity of the crisis. It is not just a financial matter, although a portion of physicians' higher liability premiums and the costs of defensive medicine are passed on to patients. The more physicians are forced to limit services, the greater the likelihood that a patient will not receive the highest quality care possible.

Exhibit 4



Data from Physicians Insurance Company of Michigan (PICOM)

In metropolitan Detroit, where obstetricians/gynecologists' annual medical liability premiums average nearly $70,000, a large number of physicians have been forced to stop delivering the babies of women on Medicaid or in the state's Prenatal/Postpartum Care (PPC) program. A recent survey by the Michigan Medicaid

Continued on next page

program found that only 3.9 percent of the Medicaid-unenrolled physicians (MDs) and 5.3 percent of the Medicaid-enrolled physicians (MDs) delivered the babies of Medicaid patients. Charles Vincent, MD, Chairman of the Board of Medicine, President-elect of the Wayne County Medical Society, and Dean of Admissions at Wayne State University School of Medicine, sums up the effect of the crisis: "What is so upsetting is the impact this may be having on high infant mortality. Those at the greatest risk are the poor and the young. What will happen if there are no doctors to deliver their babies?"

It is ironic that the medical liability crisis — which has its roots partly in the growing distrust by patients of their physicians — also discourages physicians from trusting their patients. For example, a physician may fear that a reassurance may be misconstrued by the patient as a prognosis. To guard against accusations of malpractice, they may enumerate all treatment alternatives and outcomes, even those that are impractical or highly unlikely. Does a patient with a bad headache need to hear that he or she may have a brain tumor when the chances that it is true are miniscule? Must a physician inspire fear unnecessarily? This assuredly is not humane or rewarding behavior for either the patient or the physician. In such an atmosphere, the joy of practicing medicine, of helping people regain and maintain their health, is lost. Something must be done to rejuvenate the physician/patient trust and cooperation that are vital to good health.

III. What can physicians do?

Certainly, there is no simple solution to the medical liability crisis, with its wide-ranging and deep-seated causes and costs. The goal for all — physicians, consumers, lawyers, and insurers alike — should be a system that redresses rapidly and equitably the grievances of malpractice victims and provide an atmosphere for the best possible delivery of quality medical care.

Physicians' initiatives to improve the quality of medical care

Physicians recognize that they can be important in alleviating the damaging effects of the malpractice liability crisis. By trying hard to improve the quality of medical care, they can do much to limit negligent actions. By working with patients to improve physician/patient relations, they hope to stem the tide of illegitimate malpractice suits.

Continuing medical education

Despite the fact that physicians with more training are more often sued, it is necessary for physicians to keep current on advances in technology, procedure, and medication. In addition to physicians' commitment to their profession, state law requires physicians, as a condition of licensure, to participate in 150 hours of continuing medical education every three years. To accommodate physicians' need for more and more medical knowledge, MSMS accredits and has expanded the development of continuing medical education programs. These programs — ranging from annual scientific meetings to conferences on special topics — are taught by physicians of national and international prominence.

Assisting impaired physicians

Physicians know the dangers of assuming they are infallible. Physicians, like patients, are human, but they are also exposed to more, continual stress than the general population. This sometimes results in problems with alcoholism, drug dependence, or mental illness. To help restore impaired physicians to health, the Michigan State Medical Society employs a medical director to administer its impaired physicians program and coordinate a statewide network of health care professionals who (1) reach out to troubled colleagues, (2) identify early and evaluate colleagues' problems, (3) provide services confidentially and compassionately, and (4) help physicians re-enter practice or find alternative employment in or outside medicine. Every physician who regains professional competence through this program reduces the possibility of injury to patients. When physicians who have problems know they can receive confidential, nonjudgmental help from their peers, they are more likely to seek it and less likely to continue treating patients while impaired.

Conducting peer review

Peer review is the process through which physicians evaluate the quality and efficiency of the medical care performed by other physicians. Review bodies of hospitals scrutinize the qualifications and quality of care provided by their medical staff. By holding physicians accountable for maintaining standards of medical care, peer review can diminish the likelihood of malpractice. All physicians and patients benefit from peer review that rigorously upholds high standards for medical care.

IV. Medical liability reforms

It is encouraging that a majority of Americans recognize the costs to both individuals and society of the medical liability crisis. In a March 1987 survey of 2,130 adult Americans, Louis Harris and Associates found that "Americans believe that it [the civil justice system] is overused, and that the problem is growing . . . Most of the public wants a more efficient civil justice system which costs both individuals and society less to operate."

> **"Americans believe that it [the civil justice system] is overused, and that the problem is growing. . . Most of the public wants a more efficient civil justice system which costs both individuals and society less to operate."**
>
> Louis Harris and Associates 1987 Survey

Recent tort reforms in Michigan

Tort reform[1] can help restore some fairness — for victims of true malpractice and for physicians — to the civil justice system. In 1986, forty states enacted tort reforms to slow the increase in malpractice claims, damage awards, and insurance premiums. On July 7, 1986, Governor James Blanchard signed into Michigan law a package of tort reforms. Among other changes, these

- limit noneconomic damages to $225,000 with major exceptions;
- change substantially the collateral source rule so that payments received from third parties — such as medical expenses and disability payments — are subtracted from damage awards, preventing plaintiffs from reaping windfalls by collecting for the same loss twice;
- reduce prejudgment interest from 12% per year compounded annually, to 1% over the average T-Bill rate;
- require large future damage awards to be made by way of structured future payments, not lump sums;
- prohibit adults from pursuing malpractice claims more than two years after the alleged malpractice occurrence, or six months after discovery;
- reduce the statute of limitations within which a minor must commence a lawsuit from the minor's 19th to 15th birthday; and
- require that expert witnesses specialize in the same or related specialty and devote substantial time to the active clinical practice or instruction in an accredited medical school in the same or related specialty as the defendant.

---

[1] A *tort* is a wrongful act, injury, or damage other than a breach of contract for which a civil (as opposed to criminal) action can be brought in court. A *tort reform* is any law or court rule that changes (1) how the court determines what is and what is not a tort and (2) how the damages are to be decided and awarded to the wronged parties if a tort has occurred.

Continued on next page

The almost universal response from those who support tort reform is that these laws are a good start, but only a start, toward a system that ensures fairness for individuals and society. After signing the bills into law, Governor Blanchard said, “These measures are an improvement, but not a solution.” An editorial in the *Ludington Daily News* noted that “most of these steps are welcome and should help curb rising liability insurance costs. But how much and for how long? The legislature could have gone a lot further than it has, and the nagging suspicion is that the results may well come back to haunt us a few years from now.” The *Detroit Free Press* concluded that “the bills are an important, albeit inadequate, first step in dealing with a situation that had been allowed to get out of hand.” The editorial went on to remind us of the consequences of “inadequate” reform. “If Michigan is to have a good business climate, if its residents are to be able to afford insurance, if its health care providers are not to be driven away, the legislature and Governor Blanchard will have to come back before many months to take further steps toward real tort reform and to solve what remains of the state’s liability and insurance problems.” True to these caveats, supporters of tort reform have introduced two bills in the Senate that would augment the equity of the civil justice system: Senate Bill 82, which would eliminate three exceptions to the $225,000 cap on noneconomic damages and further shorten the statute of limitations, and Senate Bill 133, which would allow countersuits against those who file frivolous malpractice suits.

> **“We believe that a Task Force ought to be organized within the government of the State to produce alternative approaches to the present system of trying medical malpractice on a tort theory.”**
>
> Robben Fleming, Independent Fact-Finder on Medical Liability for Gov. James Blanchard.

IV. Visions of the future: alternatives to the tort system

The Fleming Report: The limits of tort reform

Attorney and former University of Michigan president Robben Fleming served in 1985-1986 as Governor Blanchard’s independent fact-finder on the medical liability crisis in Michigan. In his second report to the governor, dated December 24, 1986, Fleming reviews the tort reforms enacted in Michigan in July 1986. Of the $225,000 cap on noneconomic damages, he notes that “practically all of the cases in which damages have exceeded $225,000 would be exempt from the limitation because they would fall under one or more of the exceptions. . . It is difficult to see how the limitation will have any effect on large damage suits.” Fleming finds that joint/several liability, statute of limitations, and frivolous case reforms will probably have little effect on the number of cases filed, the amount of awards, and liability insurance premiums. What gains these reforms do represent, he adds, may be further limited because the language of these laws often leaves considerable latitude in interpretation. Fleming concludes that tort reform, at least as it has been conceived to this point by state legislatures, will not solve the medical liability crisis. “Most state legislatures. . . have chosen the tort reform route, but they have been reluctant to adopt measures which are likely to be effective. Thus, the dilemma remains and chances of avoiding future ‘crises’ are minimal.”

To resolve the medical liability crisis and prevent future crises, Fleming calls for the governor to appoint a statewide task force to explore alternatives to tort reform. The Michigan State Medical Society strongly supports

Continued on page 736

AUTOMATED CHEMISTRY

Advance Medical & Research Center, Inc., employs the latest in sophisticated automation in the performance of routine blood chemistry determinations. This allows for the greatest consistency in quality assurance of results while utilizing the least amount of patient specimen.

ADVANCE MEDICAL & RESEARCH CENTER, INC.

1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park • Alpena • Bay City • Clarkston • East Jordan • Flint • Grand Rapids • Kalamazoo
Lansing • Livonia • Marquette • Monroe • Muskegon • Portage • Saginaw • Traverse City

Fleming's proposal and has urged the governor to create the task force. The cost of the medical liability crisis to physicians and consumers and society is simply too high to ignore wider-ranging and more visionary alternatives.

Arbitration

In 1975, Michigan became the first state to pass medical malpractice statutes that permitted arbitration. Nine years of constitutional challenges ended in March 1984 when the arbitration laws were upheld by the Michigan Supreme Court. These laws, which allow the parties in a suit to submit to binding arbitration rather than go through the courts, were enacted to (1) reduce the legal costs of settling disputes; (2) promote equity by having a physician, an attorney, and a public member decide on the settlement rather than a jury that may not understand complicated medical questions; and (3) speed up the resolution of claims. While equity is difficult to measure, arbitration has reduced legal costs and cut nearly in half the average time taken to resolve claims. Legislation has recently been introduced in Michigan to permit health care insurers to offer arbitration as part of health care contracts.

No-fault systems

Robben Fleming candidly assesses the heart of the medical liability crisis. If we believe that any person who suffers injury — whether negligence is involved or not — is entitled to damages, he says, then we must construct a system that does not pretend to be based on negligence. A "no-fault" system, he notes, "would be costly, and there would certainly have to be some limit on the kinds of injuries for which there could be compensation. . . Moreoever, if negligence is to drop out of consideration in assessing liability, we could not reasonably expect health care providers to be the sole funders of the [liability] insurance system." Under a no-fault system, in which no distinction is made between malpractice and maloccurrence, the costs of compensating injured people would properly be borne by all of society. There is precedent in the United States, of course, for no-fault plans; the concept is used for automobile insurance and workers' compensation.

> **". . .if we believe that individuals who suffer injury should be entitled to recover damages, then we ought to forthrightly face up to the establishment of an insurance system which would not pretend to be based upon intent or negligence. . ."**
>
> Robben Fleming, Independent Fact-Finder on Medical Liability for Gov. James Blanchard

The "Health Policy Agenda for the American People" proposal

The *Health Policy Agenda for the American People* — the report of a nationwide panel of health care experts representing consumers, health care professionals, and insurers — calls for a new patient injury compensation system, to be tested through demonstration projects in one or more states. In this new system, a broadly representative panel would make timely judgments about compensation for injuries arising from medical care.

Financed jointly by public and private sectors, the awards would be made according to a predetermined schedule based on the nature and severity of the injury. If either the defendant or the plaintiff is dissatisfied with the panel's decision, he/she can sue under state laws. State law, however, would trigger tougher tort law standards if a plaintiff rejects the panel's decision. Existing tort law would remain the same if the defendant rejects the panel's decision. In either case, a large monetary penalty should be imposed if the result of the lawsuit is less favorable to the party that rejected the panel's decision. The

Continued on page 738

Before you pick a Claims-Made Insurance Company

ASK YOURSELF WHERE THEY'LL BE 10 YEARS FROM NOW.

Michigan physicians learned a costly lesson back in 1975. The cost of liability insurance was rising. Insurance companies were leaving the state. And many physicians were left without insurance.

That's when the Brown-McNeely Fund, later to become PICOM, stepped in to fill a need. We were set up specifically for physicians. We're a physician-owned company.

Now that Michigan is offering claims-made insurance policies, a lot of new companies are again interested in doing business here. But most of them aren't located here. Or even in this country.

Insuring your practice is an important decision. Knowing someone will be here when you need them is an important part of making that decision.

For information, contact
Physicians Insurance
Company of Michigan,
4277 Okemos
Road,
Box
#2510,
Okemos,
Michigan
48864-2510.

PICOM

Claims Made
What are the answers?

goal of this system is to provide incentives — in time and money — to avoid the tort system without depriving parties of their right to sue.

Virginia

Virginia is the only state to establish a limited no-fault program for medical injuries. The 1987 Virginia Birth-Related Neurological Injury Compensation Act provides lifetime compensation for seriously neurologically impaired infants. If a physician is found to be willfully or intentionally negligent, he/she can be sued in court. For nearly all serious injuries, however, compensation to the infant or family is paid from a state fund. Participating physicians who practice obstetrics pay $5,000 to establish the fund; in subsequent years, they will pay no more than $5,000 annually. All other physicians pay $250 annually. Each participating hospital pays $50 per delivery and no more than $150,000 a year. While too young to measure its effects, the law promises to be a landmark piece of legislation that could serve as a model for other states.

Sweden

The Swedish patient no-fault fund is a public/private effort financed by counties and administered and managed by a private insurance consortium. The fund, which is supported by annual per capita premiums paid by each county, makes awards based on a predetermined schedule of compensable injuries. Minor injuries, psychological injuries, and injuries arising from well-known risks — such as the side effects of chemotherapy — are excluded. Fault is never a factor in compensation and the average claim is settled within two months. Nothing in the Swedish malpractice system prevents a patient from going to court, but no suits have been filed since the no-fault fund was instituted in 1975. Awards include both economic and noneconomic damages. The levels of awards for each injury rise each year according to the rate of inflation.

The no-fault fund sends information on claims back to hospitals and physicians. This enables health care providers to assess patterns of injury from certain procedures and identify alternative treatments that may produce better results. Cooperation among the no-fault fund, physicians, and hospitals has significantly advanced understanding of medical care in Sweden.

New Zealand

Since 1972, New Zealand has had a comprehensive no-fault program that provides for compensation for nearly all injuries, from automobile accidents to bodily harm from criminal acts to negligent and non-negligent medical care. Revenues for the no-fault fund come from levies on employers (ranging from $.50 to $5 per $100 of payroll depending on the risk classification of the employment); from a tax on automobiles collected as part of the license fee; and from general government revenues.

Benefits include the cost of medical care and rehabilitation, lost wages, lump sums for permanent disability, and nonmedical expenses and losses resulting from injury (e.g., damage to clothing, housekeeping services, transportation needs). The Accident Compensation Commission administers the funds and determines the benefits for compensable injuries. The New Zealand system has been praised for the justice, economy, and efficiency that it achieves by compensating all victims of injury under a comprehensive plan.

V. Conclusion

It is time for a reassessment of solutions to the medical liability crisis. We call on you to join us in urging the governor to create a statewide task force that will study alternatives to our present system of negligence resolution. Our eyes must be open to alternative systems that

- provide fair and rapid compensation for victims,
- foster an atmosphere in which physicians and patients can work together to restore and maintain a patient's health,
- identify the negligent physician and guarantee justice for the conscientious physician, and
- reduce overall costs to society. □

Motrin® 800 mg TABLETS

ibuprofen

MOTRIN
800mg

Extra strength
Convenience
Economy

Upjohn
A Century of Caring
1886·1986

© 1986 The Upjohn Company

J-6138 January 1986

News from DISTA about a new dosage form of cephalexin

ANNOUNCING NEW

Keflet®
TABLETS
cephalexin

All the advantages of cephalexin in a convenient tablet form

- Backed by over 15 years of clinical experience
- Smaller tablet is specially shaped and coated for easier swallowing
- May enhance patient compliance, particularly among the elderly
- Tablet dosage form may be appreciated by patients of all ages

NEW Keflet Tablets are available as:

250-mg Tablets

KEFLET 250
KEFLET 500

500-mg Tablets

Keflet is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-sensitive patients.

© 1987 DISTA PRODUCTS COMPANY KX-9003-B-849326

Brief Summary. Consult the package literature for prescribing information. Indications and Usage: Keflet® Tablets (cephalexin, Dista are indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms:

Respiratory tract infections caused by *Streptococcus pneumoniae* and group A β-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever Keflet is generally effective in the eradication of streptococci from the nasopharynx, however, substantial data establishing the efficacy of Keflet in the subsequent prevention of rheumatic fever are not available at present)

Otitis media due to *S pneumoniae, Haemophilus influenzae*, staphylococci, streptococci, and *Neisseria catarrhalis*

Skin and skin structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostatitis, caused by *Escherichia coli, P mirabilis*, and *Klebsiella* sp.

Note— Culture and susceptibility tests should be initiated prior to and during therapy Renal function studies should be performed when indicated

Contraindication: Keflet is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILL SENSITIVE PATIENTS

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHE EMERGENCY MEASURES

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously No exception should be made with regard to Keflet

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins), therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics Such colitis may range in severity from mild to life-threatening

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C difficile* Other causes of colitis should be ruled out.

Usage in Pregnancy— Safety of this product for use during pregnancy ha not been established

Precautions: *General*— Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected It an allergic reaction to Keflet occurs, the drug should be discontinued and the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids)

Prolonged use of Keflet may result in the overgrowth of nonsusceptible organisms Careful observation of the patient is essential If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug

Keflet should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended

Indicated surgical procedures should be performed in conjunction with antibiotic therapy

As a result of administration of Keflet, a false-positive reaction for glucose in the urine may occur This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly)

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis

Usage in Pregnancy—Pregnancy Category B— The daily oral administration of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that the safety of cephalexin during pregnancy in humans has not been established

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used during pregnancy only if clearly needed.

Nursing Mothers— The excretion of cephalexin in the milk increased up to 4 hours after a 500-mg dose; the drug reached a maximum level of 4 μg/ml then decreased gradually, and had disappeared 8 hours after administration. Caution should be exercised when Keflet is administered to a nursing woman

Adverse Reactions: *Gastrointestinal*— Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely The most frequent side effect has been diarrhea It was very rarely severe enough to warrant cessation of therapy Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely

Hypersensitivity— Allergic reactions in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually subsided upon discontinuation of the drug Anaphylaxis has also been reported

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache Reversible interstitial nephritis has been reported rarely Eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported

PV 2211 DPP

Additional information available to the profession on request from

Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285
Mfd by Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

"Living in the city
is lonely enough...
with herpes it's like
solitary confinement."

ZOVIRAX®
(acyclovir)
CAPSULES

Prevent genital herpes recurrences month after month with daily therapy.

(In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.)

Please see last page of this advertisement for brief summary of prescribing information.

ZOVIRAX®
(acyclovir)
CAPSULES

Help free your patients from recurrences.

Daily therapy

Coping with genital herpes is rarely easy. For some, the worst part is the pain and discomfort of frequent attacks —month after month, year after year. For others, the emotional burden presents a more difficult problem, leading to social isolation, anxiety, and diminished self-esteem.

Prevent or reduce recurrences

Although your patients have to live with herpes, they shouldn't have to suffer. Daily therapy with ZOVIRAX CAPSULES can help free them from the cycle of recurrent genital herpes. For many, one capsule three times a day can suppress recurrences completely while on therapy.

Generally well tolerated

Daily therapy with ZOVIRA CAPSULES is generally we tolerated. The most frequen adverse reactions reported during clinical trials were headache, diarrhea, nausea vomiting, vertigo, and arthralgia.

The physical and emotion difficulties posed by genital herpes are unique for each patient. The frequency and severity of recurrent episode as well as the emotional impact of the disease, should be considered when selectin daily therapy with ZOVIRA CAPSULES.

Please see brief summary of prescribing information on next pa

Prevent recurrences month after month*

ZOVIRAX®
(acyclovir)
CAPSULES

Brief Summary

INDICATIONS AND USAGE: Zovirax Capsules are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psychosocial difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus Zovirax Capsules are not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit risk considerations in specific disease categories:

First Episodes (primary and nonprimary infections — commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or inability to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

Recurrent Episodes:

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that Zovirax Capsules given for 4 to 6 months prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients. Clinical recurrences were prevented in 40 to 75% of patients. Some patients experienced increased severity of the first episode following cessation of therapy; the severity of subsequent episodes and the effect on the natural history of the disease are still under study.

The safety and efficacy of orally administered acyclovir in the suppression of frequent episodes of genital herpes have been established only for up to 6 months. Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, Zovirax Capsules should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the human relevance of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given very high doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients and only for six months until the results of ongoing studies allow a more precise evaluation of the benefit/risk assessment of prolonged therapy.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

CONTRAINDICATIONS: Zovirax Capsules are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulation.

WARNINGS: Zovirax Capsules are intended for oral ingestion only.

PRECAUTIONS: General: Zovirax has caused decreased spermatogenesis at high doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS — Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage and length of treatment should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex virus to acyclovir and clinical response to therapy has yet to be established.

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

Drug Interactions: Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of 50, 150 and 450 mg/kg given by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. In 2 *in vitro* cell transformation assays, used to provide preliminary assessment of potential oncogenicity in advance of these more definitive life-time bioassays in rodents, conflicting results were obtained. Acyclovir was positive at the highest dose used in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative in another transformation system considered less sensitive.

In acute studies, there was an increase, not statistically significant, in the incidence of chromosomal damage at maximum tolerated parenteral doses of 100 mg/kg acyclovir in rats but not Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters. In addition, no activity was found after 5 days dosing in a dominant lethal study in mice. In 6 of 11 microbial and mammalian cell assays, no evidence of mutagenicity was observed. At 3 loci in a Chinese hamster ovary cell line, the results were inconclusive. In 2 mammalian cell assays (human lymphocytes and L5178Y mouse lymphoma cells *in vitro*), positive responses for mutagenicity and chromosomal damage occurred, but only at concentrations at least 400 times the acyclovir plasma levels achieved in man.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). At 50 mg/kg/day s.c. in the rat, there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficiency but no concomitant decrease in litter size at a dose of 50 mg/kg/day. No effect upon implantation efficiency was observed when the same dose was administered intravenously. In a rat peri- and postnatal study at 50 mg/kg/day s.c., there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the F_1 generation. Although not statistically significant, there was also a dose related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size. However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits, there were no drug-related reproductive effects.

Intraperitoneal doses of 320 or 80 mg/kg/day acyclovir given to rats for 1 and 6 months, respectively, caused testicular atrophy. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery of sperm production was evident 30 days postdose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. Testicles were normal in dogs given 50 mg/kg/day, i.v. for one month.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rat (50 mg/kg/day, s.c.) or rabbit (50 mg/kg/day, s.c. and i.v.). There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Zovirax is administered to a nursing woman. In nursing mothers, consideration should be given to not using acyclovir treatment or discontinuing breastfeeding.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS — Short-Term Administration: The most frequent adverse reactions reported during clinical trials were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

Long-Term Administration: The most frequent adverse reactions reported in studies of daily therapy for 3 to 6 months were headache in 33 of 251 patients (13.1%), diarrhea in 22 of 251 (8.8%), nausea and/or vomiting in 20 of 251 (8.0%), vertigo in 9 of 251 (3.6%), and arthralgia in 9 of 251 (3.6%). Less frequent adverse reactions, each of which occurred in less than 3% of the 251 patients (see number of patients in parentheses), included skin rash (7), insomnia (4), fatigue (7), fever (4), palpitations (1), sore throat (2), superficial thrombophlebitis (1), muscle cramps (2), pars planitis (1), menstrual abnormality (4), acne (3), lymphadenopathy (2), irritability (1), accelerated hair loss (1), and depression (1).

DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 10 days (total 50 capsules).

Chronic suppressive therapy for recurrent disease: One 200 mg capsule 3 times daily for up to 6 months. Some patients may require more drug, up to one 200 mg capsule 5 times daily for up to 6 months.

Intermittent Therapy: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 5 days (total 25 capsules). Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

Patients With Acute or Chronic Renal Impairment: One 200 mg capsule every 12 hours is recommended for patients with creatinine clearance ≤ 10 ml/min/1.73/m².

HOW SUPPLIED: Zovirax Capsules (blue, opaque) containing 200 mg acyclovir and printed with "Wellcome ZOVIRAX 200" - Bottles of 100 (NDC-0081-0991-55) and unit dose pack of 100 (NDC-0081-0991-56).

Store at 15°-30°C (59°-86°F) and protect from light.

---

*In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.

Burroughs Wellcome Co., Research Triangle Park North Carolina 27709

Copr © 1986 Burroughs Wellcome Co All rights reserved 86-ZOV-5

We must excise liability cancer to save the body medical

By Carl A. Gagliardi, MD

Editor's note: The following is excerpted from an address which drew a standing ovation at the 1987 MSMS Public Affairs/Leadership Conference.

Half-way through my term as president of MSMS, I pause to review our progress, promise, and problems.

On the positive side, we are making some, albeit small, headway on the overriding issue, the liability crisis. People are beginning to listen to us again, in Lansing and around the state, because we are starting to make the appropriate noises to let them know that medicine is still very ill and needs a major cure.

On the other hand, the fall legislative session must make great strides if the year is to have any success.

Our goals have not been met, but they are reasonable and within reach. We will not reach them, however, without a sustained effort from all of us.

Actions to take

If I have been relentless on the subject of liability reform, it is because there are still facts to be presented, still opinions to be shaped, still actions to be taken! I cannot rest until our profession is secured from its greatest challenge and our patients receive the finest care, unfettered by legal intrusion.

Satisfaction with our important first step does not cloud our perception that much more must be done.

Governor Blanchard's fact-finder on this issue, Robben Fleming, noted in his final report that some fundamental changes might be needed in the way our society disposes of civil wrongs, the tort claims. He concluded in December 1986 that joint/several liability, statute of limitations, and frivolous case reforms would probably not affect cases filed, awards granted, and premium rates.

Fleming then recommended that the governor appoint a task force to explore alternatives to tort system reform. To some, this seemed a visionary notion.

At this point, we reassessed the entire situation and came up with a comprehensive approach aimed at a permanent and just solution to this crisis.

We concluded we must get away from a system which leads to windfall awards when neither intent nor negligence have been involved — when maloccurrence, not malpractice, is the issue.

We must curtail a system in which the messengers, in this case, attorneys, profit more than any plaintiff; such a system is financially irresponsible and ethically immoral.

We believe we have a viable position. In September, I was pleased to announce our comprehensive program and to urge a united effort from organized medicine on its behalf.

The keystone is support for the task force first suggested by Robben Fleming. Our medical society is now fully behind this search for alternatives to the tort system. I have met with Governor Blanchard and Speaker Owen and other legislative leaders.

At our behest, physicians and their friends are sending messages to Lansing urging task force creation and appointment. Wherever I go, I plead for additional voices to be raised in support of this promising and practical vehicle for true reform.

Such a task force can look at various alternatives being practiced or proposed in divergent circles, such as:

— Binding arbitration;

— No-fault compensation systems, including those operational in Virginia, Sweden and New Zealand;

— Pilot testing of new patient injury compensation systems, as proposed by a nationwide panel in the health policy agenda for the American people.

My meetings with key state leaders also focus on specific legislative measures which are needed now.

Solid platform

Half-way through my stewardship, I believe we have a solid platform on which to build a viable liability system. And, as I have dedicated my term to this cause, we will now redouble our efforts to see it through.

We are launching a 90-day

Continued on page 746

Un-
switch-
ables
TRANSDERM-NITRO 10
TRANSDERM-NITRO 5
TRANSDERM-NITRO 15
TRANSDERM NITRO 2.5

Patients and
physicians alike prefer

Transderm-Nitro®
nitroglycerin
2.5 mg/24 hr, 5 mg/24 hr, 10 mg/24 hr, 15 mg/24 hr

Almost three quarters of a billion* patches prescribed in the U.S. since 1982

The only patch with a rate-limiting membrane

Familiar, distinctive tan color and unique shape recognized by patients everywhere

There's no substitute for experience

All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

CIBA

629-3468-A

(See Brief Summary of Prescribing Information on the next page.)

*Data on file, CIBA Pharmaceutical Co

Transderm-Nitro® nitroglycerin
Transdermal Therapeutic System

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention and treatment of angina pectoris due to coronary artery disease. The conditional approval reflects a determination that the drug may be marketed while further investigation of its effectiveness is undertaken. A final evaluation of the effectiveness of the product will be announced by the FDA.

CONTRAINDICATIONS
Intolerance of organic nitrate drugs, marked anemia, increased intraocular pressure or increased intracranial pressure.

WARNINGS
In patients with acute myocardial infarction or congestive heart failure, Transderm-Nitro system should be used under careful clinical and/or hemodynamic monitoring.
In terminating treatment of anginal patients, both the dosage and frequency of application must be gradually reduced over a period of 4 to 6 weeks to prevent sudden withdrawal reactions, which are characteristic of all vasodilators in the nitroglycerin class.
Transdermal nitroglycerin systems should be removed before attempting defibrillation or cardioversion because of the potential for altered electrical conductivity which may enhance the possibility of arcing, a phenomenon associated with the use of defibrillators.

PRECAUTIONS
Symptoms of hypotension, such as faintness, weakness or dizziness, particularly orthostatic hypotension may be due to overdosage. When these symptoms occur, the dosage should be reduced or use of the product discontinued.
Transderm-Nitro system is not intended for immediate relief of anginal attacks. For this purpose occasional use of the sublingual preparations may be necessary.

ADVERSE REACTIONS
Transient headaches are the most common side effect, especially when higher doses of the drug are used. These headaches should be treated with mild analgesics while Transderm-Nitro therapy is continued. When such headaches are unresponsive to treatment, the nitroglycerin dosage should be reduced or use of the product discontinued.
Adverse reactions reported less frequently include hypotension, increased heart rate, faintness, flushing, dizziness, nausea and vomiting. These symptoms are attributable to the known pharmacologic effects of nitroglycerin, but may be symptoms of overdosage. When they persist the dose should be reduced or use of the product discontinued. In some patients, dermatitis may occur.

DOSAGE AND ADMINISTRATION
Therapy should be initiated with application of one Transderm-Nitro 5 mg/24 hr system to the desired area of skin. Many patients prefer the chest; if hair is likely to interfere with system adhesion or removal, it can be clipped prior to placement of the system. Each system is designed to remain in place for 24 hours, and each successive application should be to a different skin area.
Transderm-Nitro system should not be applied to the distal parts of the extremities.
The usual dosage is one Transderm-Nitro 5 mg/24 hr system. Some patients, however, may require the Transderm-Nitro 10 mg/24 hr system. If a single Transderm-Nitro 5 mg/24 hr system fails to provide adequate clinical response, the patient should be instructed to remove it and apply either two Transderm-Nitro 5 mg/24 hr systems or one Transderm-Nitro 10 mg/24 hr system. More systems may be added as indicated by continued careful monitoring of clinical response. The Transderm-Nitro 2.5 mg/24 hr system is useful principally for decreasing the dosage gradually, though it may provide adequate therapy for some patients when used alone. The optimal dosage should be selected based upon the clinical response, side effects, and the effects of therapy upon blood pressure. The greatest attainable decrease in resting blood pressure that is not associated with clinical symptoms of hypotension especially during orthostasis indicates the optimal dosage. To decrease adverse reactions, the size and/or number of systems should be tailored to the individual patient's needs.
Do not store above 86°F (30°C).

PATIENT INSTRUCTIONS FOR APPLICATIONS
A patient leaflet is supplied with the systems.

HOW SUPPLIED

Transderm-Nitro System Rated Release *in vivo*	Total Nitroglycerin in System	System Size	Carton Size
2.5 mg/24 hr	12.5 mg	5 cm²	30 Systems...NDC 0083-2025-26 *30 Systems...NDC 0083-2025-26 *100 Systems...NDC 0083-2025-30
5 mg/24 hr	25 mg	10 cm²	30 Systems...NDC 0083-2105-26 *30 Systems...NDC 0083-2105-26 *100 Systems...NDC 0083-2105-30
10 mg/24 hr	50 mg	20 cm²	30 Systems...NDC 0083-2110-26 *30 Systems...NDC 0083-2110-26 *100 Systems...NDC 0083-2110-30
15 mg/24 hr	75 mg	30 cm²	30 Systems...NDC 0083-2115-26 *30 Systems...NDC 0083-2115-26 *100 Systems...NDC 0083-2115-30

*Institutional Pack

C87-23 (Rev. 7/87)

Dist. by:
CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

© 1987, CIBA (9/87) 629-3468-A C I B A

---

media campaign to take these issues to newspapers, radio and television stations throughout the state.

Because I have been so immersed in the liability issue, I am sensitive to the view that perhaps I have become a one-issue leader.

There are physicians who have particular concerns, perhaps it is infant mortality in Detroit, AIDS control, or medical technology. My concentration is not despite these concerns — it is because of them.

I want an organized medical profession dedicated to quality, technology, compassion, and cost-effectiveness. But we cannot have this when our ability to practice is threatened in a basic way.

Yes, I too can become emotional about pre- and post-natal care in the inner city. But the liability spectre is an important factor in the reduction of doctors delivering babies near the Detroit Medical Center. There were 30 black physicians there in 1980 doing obstetrics and now there are four.

I believe we could reverse that trend. I propose that we start by removing the medical liability risk from high risk obstetrics by having the state fund a no-fault approach.

The infant mortality figures for Detroit and Michigan are a disgrace, but they will not improve without including us in the solution.

Testing medicine

One of my greatest challenges is to test our resolve, focus our strength, as a profession. If we cannot end the liability crisis, is there hope in any other direction?

Thus, my continuing and heartfelt plea at this half-way mark is for unity. Starting with the 1985 mass march on Lansing, we have seen a determination, a visibility, not always typical of organized medicine.

We must stay united. We must remain resolved. We must excise the cancer of liability to save the body medical. The quality and quantity of our professional services — and of life in Michigan — are at stake. ☐

How More Than 3000 Doctors Have Eased The Pain Of Managing A Practice.

If your practice is like a lot of others, you often spend more time on office problems than on the health problems of your patients.

Our one easy-to-use, fully-integrated computer system can take care of billing, provide financial updates, help you market your practice. And give you more time to do what you went to medical school for.

"We've found that Medic saves us many hours of paperwork every week. A couple of hours of work is down to 15 minutes."
Jeanine Mielke, office manager, Hahn, Hoard & Taub, M.D., P.A., Boca Raton, Florida

This urology practice uses Medic Computer Systems to electronically transmit many Medicare claims every day. A job that once took a large part of the business day is now done in minutes. And that's only one of the ways that Medic saves time on paperwork.

"It's helped our cash flow tremendously."
Mike Griga, general manager of Mayfield Neurological Institute, Cincinnati, Ohio

Changing the billing system from once a month to once a week is just one way Medic has improved the bottom line of the nation's largest neurosurgery group.

"Any time we've had a problem, Medic has been immediately responsive. They bend over backwards to suit their customers. It's the best money we have ever spent."
Wynne Vaughan, office manager, Capital Pediatric and Adolescent Center, P.A., Raleigh, North Carolina

We'll do whatever it takes to keep your system working. Day or night. We have a toll-free STAT line to handle questions and problems. And there's a STAT PLUS line from our support center to your system for software updates and diagnoses.

"Our practice has doubled and we have not had to add additional billing personnel. Medic has been able to handle whatever we've asked of it."
Nancy Psimas, office coordinator, Portsmouth Orthopaedic Associates, Portsmouth, Virginia

The Medic system can ease the process of sending statements and reduce the number of uncollected bills. Plus, our easy-to-understand printouts help you keep better track of your financial condition.

"Medic's extensive training program for our staff made it easy to introduce the system. We recommend it highly."
Tessa Horne, administrator, Morgantown Ear, Nose & Throat Clinic, Morgantown, West Virginia

"We love the training program. And the updates they do really help," Ms. Horne said. When a practice brings in over 200 patients a day as this one does, the business office has to run smoothly. "Medic does everything we need. It's great."

So if you want to increase the efficiency, productivity and profitability of your practice, take a look at the Medic Computer System.

Over 3000 physicians in more than 800 practices throughout the U.S. are calling it a minor medical miracle.

m medic
computer systems

8601 Six Forks Rd., Ste. 300, Raleigh, NC 27615
Ph. 919-847-8102. In NC Call: 1-800-822-2914
In Western US Call: 1-800-541-7717
In Eastern US Call: 1-800-334-8534

Other Offices: Orlando, Ann Arbor, Chicago, Cincinnati, Pittsburgh, Richmond, Atlanta

MSMS legislation and regulations committee works for education policy

By Frederick V. Minkow, MD

Editor's note: In this issue, *Michigan Medicine* spotlights one of the MSMS committees active in carrying on the business of Michigan physicians. The group this time is the Committee on State Legislation and Regulations, chaired by Frederick V. Minkow, MD.

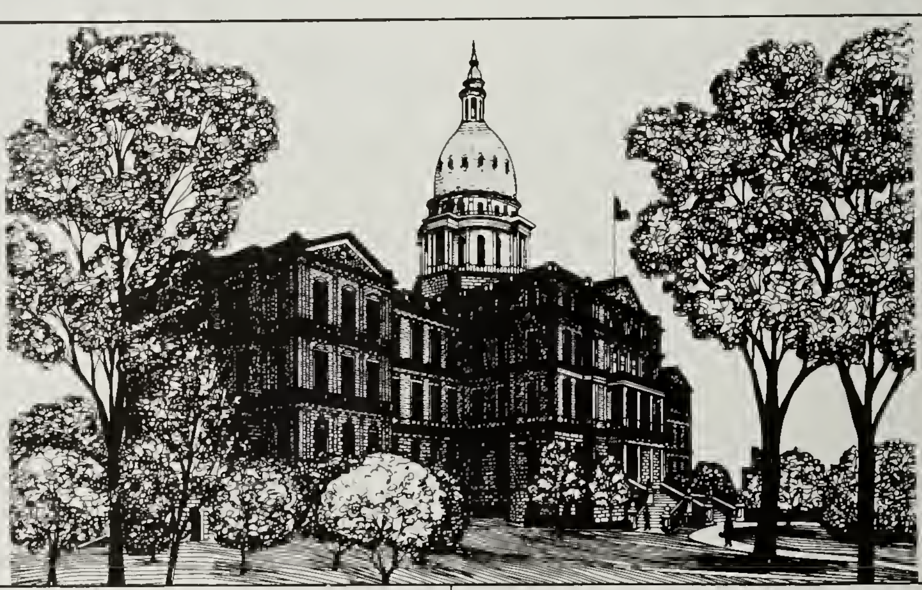
This committee meets approximately six times a year at MSMS headquarters. Its purpose is to monitor and influence Michigan legislation through the legislative process, and to monitor and respond to Michigan government rules and regulations as they are promulgated.

Doctor Minkow describes his committee's mission:

Anyone who attends the MSMS "Legs and Regs" committee agrees that it is one of the most exciting and dynamic standing committees of the society.

Eleven years ago I became affiliated with the committee while working with Chairman Thomas R. Berglund, MD, Portage, and his successor, Wil E. Maldonado, MD, Lansing. I discovered that physicians from all over the state could sit down at that long table at MSMS headquarters and hammer out a consensus on almost any issue being discussed in the legislature.

Four years ago I assumed the chairmanship. Every year brings a large group of new issues to grapple with, as well as certain old ones that never seem to go away.



Our committee provides an opportunity for state representatives and state senators to personally present the bills they plan to introduce. These legislators usually come to our meetings in hopes of obtaining support. However, the members of the committee take this opportunity to question the legislators, express physician concerns, and add new ideas. Oftentimes that type of exchange leads to alterations in the legislation which ultimately make it more acceptable.

Sometimes the issues before the committee are so broad and complicated that a special task force is appointed to monitor and study the volume of proposed bills. For example, in 1987 a task force was formed to follow and report on AIDS-related legislation. Since our committee members represent most of the medical and surgical specialties, there is always an abundance of expertise that can be used. In addition, medical students, residents, and auxiliary members contribute to the discussions.

I feel that educating doctors on political and medical matters is also of prime importance. The MSMS staff arranges for outside experts to present in-depth background information to the committee on issues before us. How can we discuss subjects such as "fetal alcohol syndrome" legislation without a thorough medical briefing? Only after we come to appreciate the various complexities and subtleties of the issue do we feel satisfied enough to approve, disapprove or take no action on proposed bills.

The committee must present its recommendations to the MSMS Board of Directors for approval. There is no way that Board members could keep up with the hundreds of new pieces of legislation that affect the medical profession without the Legislation and Regulation Committee's help. The members of the committee and their staff accept the challenge with enthusiasm and vigor. ☐

The Advantages Of Private Banking At Manufacturers Are Almost Unfair.

Other banks assign you one private banker. Only Manufacturers gives you the services of a team of private bankers so that all your financial matters can be handled quickly and efficiently, at one place and one time.

With Private Banking at Manufacturers, you have your own account manager. Plus you also have immediate access to a team of professional advisors specializing in investments, loans, real estate, trusts and financial planning. These specialists have a broad range of financial products and alternatives available to best satisfy your particular financial needs.

Our five Manufacturers Private Banking Centers are conveniently located throughout the metro area: Detroit's Renaissance Center, Grosse Pointe, Birmingham, Dearborn and Southfield. Take advantage of us. Private Banking at Manufacturers. Call (313) 222-5879.

MANUFACTURERS BANK

Bank where business banks.

Member FDIC

Strengthening the patient-doctor partnership

By Stan Alfred, MD

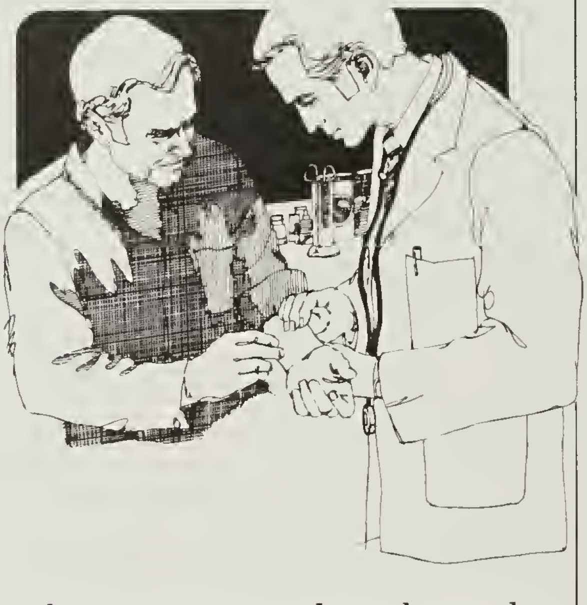
Many patients are mistrustful and some sue; many doctors are leery and some quit. Many patients wind up with less health care than they need. Many doctors wind up with lowered morale.

Almost everyone suffers from the wedge that has been driven between patients and doctors. What can be done to alleviate this situation? Certainly, malpractice reform would help, but the problem goes beyond legislation.

I recently became aware of two very important books. In *Anatomy of An Illness* and *The Healing Heart,* the distinguished author, Norman Cousins, explains the real meaning of the vital patient-doctor relationship; how the patient and the doctor both have to give.

"The physician tells his patient," Cousins says, " 'In a war against a particular illness, 20 points are necessary for victory. I will bring 10 and you will bring 10'. . . I haven't seen one patient refuse this partnership."

As Cousins reveals in his books, there are many steps we doctors can take to rebuild and nurture the vital patient-doctor partnership.



- **Bring a full armamentarium of medical knowledge and his/her own experience.** This includes keeping up on all information that is current and can be made available to the patient. A variety of consultants and certain referral centers have special expertise and may be able to help with some of the very difficult problems.
- **Meet each patient with a warm handshake, establishing eye-to-eye contact.** Cousins states that, "When a doctor enters a patient's room . . . the main distance is not from the door to the bed but from the patient's eyes to their own, and the shortest distance between those two points is a horizontal straight line — the kind of straight line that means most when the physician bends low to the patient's loneliness, fear, pain, and the overwhelming sense of mortality . . . and when the physician's hand on the patient's shoulder or arm is a shelter against darkness."
- **Listen to the patient.** Give them full attention unencumbered by all who infringe on the important moments between them and us. We must utilize office and hospital management skills and the assistance of those who work with us to better arrange our schedules. We must avoid the sense of always being in a rush, trying to do more than we can. This image robs from each patient their sense of uniqueness and eventually from the physician's sense of self. *Patients need time for explanation. Doctors need time to explain.*
- **Improve our communication skills.** What we say or don't say, how we say it, even our body language can either promote or detract from the healing process. According to Cousins, "The wise physician will not rub the patient's nose in the fact of incurable disease. He will encourage feelings of hopefulness and confidence . . . He does everything possible to encourage the patient to mobilize a strong will to live and all the positive forces that go with it. The more robust the patient's attitude, the greater the likelihood that the physician's own program will have a better chance."
- **Learn to say no to people and circumstances that zap our energy and detract from what we can give to our patients.** Included are overbooked schedules, too many meetings, and patients who don't wish to be part of the vital patient-doctor relationship. This includes patients who don't trust, don't follow directions, miss appointments, don't want to take responsibility for their own

Continued on next page

Doctor Alfred is a Flint dermatologist and medical editor and moderator of Channel 5 medical news segments.

PARTNERSHIP/Continued

health, and are abusive and hostile.

- **Take time for ourselves and our families.** Whenever possible, form associations with other doctors to share duty time. To be glued to a telephone or beeper and to be on duty twenty-four hours a day, seven days a week, will burn out the best of us. Doctoring is a pressure-packed job and in order for us to perform at our peak we must use excellent stress reduction techniques.
- Present the proper health image to our patients. An overstressed, overweight, chain-smoking, out-of-shape physician lacks authority when giving health advice.

We must rebuild and revitalize the vital patient-doctor partnership. How we doctors feel about our work and the very success or failure of our treatments may hinge on this partnership.

The miracles of today's medicine are truly impressive, but in our everyday encounters with our patients we should keep in mind Norman Cousins' advice to us, "A warm smile and an outstretched hand are more valued even above the offerings of modern science, but the latter are far more accessible than the former."☐

Editor's note: Doctor Alfred's sister article on what patients can do will appear in the Winter '88 edition of *MediScene*.

TAKE THE HEADACHE OUT OF YOUR PRACTICE!

℞ ***MICHIGAN HEALTH BILLING & COLLECTION SERVICE***

We are a company dealing exclusively with physician's billing and collection

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING & COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

A look back, one year later, at MDPAC's part in Schwarz election

By Gary G. Naeyaert

November 4, 1986, was a day to remember in Michigan's medical and political communities.

The election of John J. H. Schwarz, MD (R-Battle Creek), to the State Senate sent the only currently practicing physician to the legislature.

The road to the State Senate was not an easy one for Doctor Schwarz. It is appropriate here to focus attention not only on his important political contest, but on the contribution of MDPAC in the race.

Staffers with Senator Schwarz' campaign consulting firm knew that the 20th District (Calhoun and Eaton counties, and Delhi Township in Ingham) contest would be a difficult race. With a popular incumbent retiring, the race was wide open, as polling data showed no clear favorites from either party in this marginally-Republican district.

It was the hard work of our candidate, coupled with a vigorous direct mail and radio advertising program, that helped educate voters about the positions of the respective candidates and led to a surprisingly-easy Schwarz victory. Early and strong support from such organizations as MDPAC was critical to the success of the campaign.

Doctor Schwarz' opponent in the general election, Rep. Richard Fitzpatrick (D-Battle Creek), had the advantages of running an uncontested primary as well as eight years in the legislature. Rep. Fitzpatrick's ability to garner independent and Republican votes in the past had made him an attractive candidate for a Democratic Party hoping to gain control of the State Senate by a victory in the 20th.

To: MSMS Members
From: John J. H. Schwarz, MD
State Senator
Re: First year update
Date: November 1987

On the first anniversary of my election to the State Senate, let me thank my friends and colleagues in the Michigan State Medical Society. Your assistance and support during last year's election, and in my first year, is appreciated!

Polling in September showed the race to be quite close, with Rep. Fitzpatrick slightly ahead. Because of the importance of the race to both political parties, campaign spending was quite high. Doctor Schwarz continued to knock on doors, and our media campaign spoke to the critical issues of the day as well as the divergent views of the two candidates. John Schwarz' victory in the general election helped send a clear and unmistakable message to our representation that is expected in Michigan.

Every successful political campaign is dependent on a few critical resources. These include an energetic and qualified candidate, dedicated volunteers, and the funds necessary to inform and educate voters on issue positions. Campaigning in the 1980s and beyond requires an even greater focus on communicating effectively with voters on television, in radio and in the mailbox.

MDPAC supported John Schwarz to the legal limit in both the primary and general elections, as individual physicians sponsored fundraising activities and donated valuable volunteer time to the campaign effort. Without this kind of cooperation, Doctor Schwarz may not have been elected.

The citizens of Michigan are well-served by having someone with John Schwarz' background and experience in state government. Doctor Schwarz currently chairs the Senate Education and Mental Health Committee, and sits on the Health Policy and Commerce committees. It is in these important committees where that legislation is introduced and discussed which affects the status of the medical community and the quality of health care provided in Michigan.

Doctor Schwarz' victory in Michigan's 20th district is another example of how MDPAC is working to make a difference for all of us. As we approach the 1988 election cycle, our attention must be focused on electing more legislators who are responsive to the concerns of physicians and their patients. Your involvement with MDPAC activities can help ensure a more favorable legislative climate for medicine in the future. ☐

The author is a Lansing area freelance writer and media consultant.

III

DIMENSION III
IT'S A HEALTH PLAN. IT COSTS LESS.
BEST OF ALL, IT'S BLUE.

Let's face it. Being in the medical profession means you're in business. And with today's rising costs, anything you can do to lower operating costs is a prudent move.

Here's where Dimension III comes in. With this plan, you and your employees are covered for:

Hospital care. Surgery. Maternity care. Outpatient care. And Psychiatric care.

Yet, because of the way the plan has been designed, you pay less for your premium.

Here's how it works. Each subscriber shares in the cost of covered services. $1,500 for doctors, $3,000 for family plan. $250 for employees, $500 for family plan. Once the deductible is met, Dimension III pays 80% of covered services, the subscriber 20% in copayments. For private duty nursing and mental health care, 50% is required.

After $1,000 has been paid in copayments, Dimension III pays 100% of costs up to one million dollars.

Check into Dimension III today. After all, business is business. And for business, Blue is better. For enrollment and information call 1-800-942-4141.

Blue Cross
Blue Shield
of Michigan

USA

Blue is better.

A look at medical practices in Leningrad, the Soviet Union

By Rudi Ansbacher, MD, MS

Editor's note: Doctor Ansbacher, assistant chairman, Department of Obstetrics and Gynecology at the University of Michigan Medical Center, recently traveled to the Soviet Union to observe the country's medical practices. Below are some of his observations.

There are three medical institutes in Leningrad. We had the good fortune of visiting the Petrov Research Institute, which performs most of the gynecologic oncology and other oncology procedures for the city. The staff there performs 40 to 60 operations per five working days and is most efficient. We visited their operating room, which was pre-vintage World War II.

Founded in 1926, the Institute is the laboratory for experimental tumors and the investigation of cancer prevention. The 400-bed Institute has experimental labs looking at surgical, chemical, radiological and endocrine control of a variety of cancers including breast, lung, bone, soft tissue, gynecological, GI tract and others.

Breast cancer leads all others in incidence. Over the past 20 years, the Soviets have witnessed a decrease in incidence of cervical cancer and an increase in uterine cancer. They have found that viruses contribute to cervical cancer and are investigating the Herpes Simplex and human papilloma viruses. Types 16 and 18 are the ones mostly implicated. They apparently have had extreme difficulty in setting up Pap Smear screening programs inside Siberia and Eastern Russia and probably are only screening about half of the population.

The Soviet physicians use interferon on microinvasive and in situ cervical cancer, which leads to a regression in 70 percent of those treated. Therefore, their first line of treatment is local interferon and extensive conization of the cervix after the interferon is applied. They utilize lymphangiograms and hysterosalpingograms widely in their workups for cervical and uterine cancer.

For cancer of the endometrium they are using Hydroxyprogesterone Caproate (Delalutin) 500 mg daily intramuscularly times two months, followed by hysteroscopy and biopsy, and if no cancer is then present, continue Delalutin 500 mg intramuscularly every other day for four months.

We had an opportunity to visit the operating room and see a cancer of the ovary operation with extirpation of the uterus, tubes and ovaries and a partial omentectomy. The operation was performed in extremely "rustic" surroundings.

Maternity houses and hospitals

In Leningrad, there are 18 maternity hospitals to serve the city's five million people. Women who are pregnant are first seen at a maternity house (by a nurse midwife), which is combined with women's consultation. All pregnancy data are recorded on a card so that wherever the expectant mother goes during her pregnancy, another facility will know exactly where she stands in her pregnancy.

We were told that in the maternity hospital we visited there have been no maternal mortalities in the past seven years. Only 100 gynecological operations per year are performed in this hospital. There are about 5,500 deliveries per year. Their section rate is six percent and 50 doctors back up the numerous nurse-midwives, who are responsible for nearly all normal vaginal deliveries. With any risk in pregnancy, patients are sent to specialized maternity centers.

The hospital we visited serves 100,000 women. Pregnant women are seen at least monthly for the first half of pregnancy, two times per month until the eighth month and then every week. Then they are sent to the maternity home closest to their home for delivery.

After delivery, mother and child are separated, since there are no facilities to care for the two together. There are no visiting privileges for fathers.

If a delivery is normal, the mother is discharged four to five days later. If a C-section has been performed, the mother is discharged about nine to 10 days later. For postpartum care, women are sent back to the original consultation center that referred them.

After delivering their first

aby, women receive a grant of 0 rubles (about $80 US); after elivering a second baby, women re given a grant of 100 rubles. ach woman also is paid 35 ubles per month up to one year nd does not have to return to vork until after that time. In nost cases, there are only one to wo children per family and all hild care is free.

In the hospital we visited, all he physicians are female except for one male obstetrician and three male anesthesiologists. They work a six-and-a-half hour day, five days per week, and doctors-in-training cover the rest of the time. Fifty-five midwives are employed at this facility and there are three midwives always in the labor and delivery area around the clock.

There are 3,000 abortions performed per year in the hospital on women up to 12 weeks pregnant. Patients are kept at the hospital for 30 hours after a suction abortion. The hospital still uses hypertonic saline for abortions between 12 and 26 weeks. Sterilization only is performed for medical reasons or with cesarean section.

The main form of contraception is the IUD. Birth control pills are rarely prescribed. There is one abortion for each delivery in Leningrad.

Hospital tour revealing

A tour through this hospital was most revealing. There were six postpartum patients per room, each with their own bedpan, and only a small aisle on which to walk to the community shower. There was one nurse present for 30 patients, which revealed that they were having a nurse shortage too.

> **"There were four delivery tables in each delivery room, both rooms of which are used alternately on a 24-hour basis. I noticed the one that was not presently in use still had dried blood on the floor."**

In the nursery there were 10 babies in bassinets and no nurses within sight. There were four delivery tables in each delivery room, both rooms of which are used alternately on a 24-hour basis. I noticed the one that was not presently in use still had dried blood on the floor.

The cesarean section room was quite "spartan" and the windows were open, with flies buzzing around the room. They rarely use the fetal monitor and check fetal heart tones every one-half hour or with every contraction in the second stage. They use the old steel fetascope with ear-to-abdomen.

Each hospital in Leningrad closes for one month for a total cleaning and staff members go on vacation.

Becoming an ob/gyn physician

To become an ob/gyn physician in Leningrad, one spends 10 years in secondary school, six years in a medical institute, and then one year in residency of a generalized nature. If students pass the examination, candidates may apply for three years as a young specialist in obstetrics and gynecology. Only those with outstanding attributes are chosen. Each of the six chairs in Leningrad trains 15 to 18 doctors.

The physician's pay is approximately 300 rubles per month (about $500 US, or $6,000 per year). However, transportation is still inexpensive (it costs eight cents to travel one way anywhere on Leningrad's excellent public transportation system).

Apartment rent totals approximately 30 rubles per month, which is equivalent to approximately $50 US. All apartments are government-owned, but people may buy them over the years. If they do, they keep their apartments in the family. If a death occurs, the apartment is passed on to the children. No one gains any monetary value with such inheritance. A few have vacation homes outside of the city, but no rubles are allowed outside the country. ☐

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6600

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI
48033
313/851-3058

— Since 1968 —

Order these brochures for your breast cancer patients

Breast Cancer Treatments:

A Helpful Guide
For *You*

From discovering a lump to recovering from surgery or other treatment — an MSMS brochure details the steps taken when breast cancer is diagnosed. "Breast Cancer Treatments: A Helpful Guide for You" is a pamphlet designed to answer many of the questions and allay some of the fears your patients will have.

Fifty copies are available to you at no charge by writing Arlyn Wilson, Michigan State Medical Society, PO Box 950, East Lansing 48826-0950. Additional copies available for a nominal fee.

When you get sick, everyone loses.

Your patients, your partners, your office staff. A lot of people depend on you for your most valuable asset: your earning power. At age 35, the chances are one in three that you will be disabled for at least 90 days before age 65. Long term disability is a leading factor in mortgage foreclosures and personal bankruptcy filings.

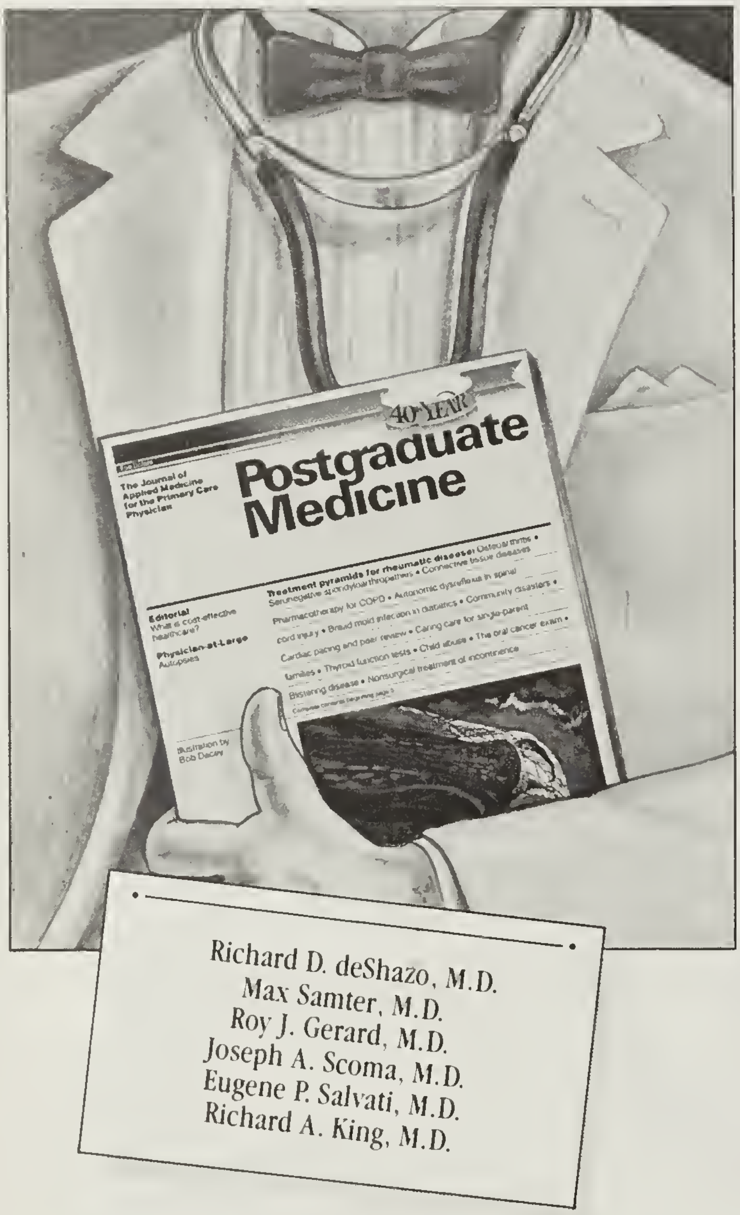
The Michigan State Medical Society group insurance plan offers the protection you need. The disability program guarantees lifetime benefits tailored to your needs. In addition, Professional Overhead Protection™ will pay all of your overhead expenses.

Both plans are offered through Provident Life and Accident Insurance, rated A+ for ten consecutive years by A. M. Best Company.

It takes time to build a practice, it doesn't take long to lose it. If you get sick or injured no one has to lose. Contact the professional advisors at Stratton-Cheeseman today.

Call Lois Rosenberg collect at 517/351-5780
Stratton-Cheeseman & Associates, Inc.
P.O. Box 1563, East Lansing, Michigan 48826-1563

FAMOUS PHYSICIANS ARE SHOWING UP FOR OUR 40th YEAR CELEBRATION.



40th YEAR
Postgraduate Medicine
The Journal of Applied Medicine for the Primary Care Physician
Editorial
What is cost-effective healthcare?
Physician-at-Large
Autopsies
Treatment pyramids for rheumatic disease: Osteoarthritis • Seronegative spondyloarthropathies • Connective tissue diseases
Pharmacotherapy for COPD • Autonomic dysreflexia in spinal cord injury • Bread mold infection in diabetics • Community disasters •
Cardiac pacing and peer review • Caring care for single-parent families • Thyroid function tests • Child abuse • The oral cancer exam •
Blistering disease • Nonsurgical treatment of incontinence
Illustration by Bob Dacey
Richard D. deShazo, M.D.
Max Samter, M.D.
Roy J. Gerard, M.D.
Joseph A. Scoma, M.D.
Eugene P. Salvati, M.D.
Richard A. King, M.D.

Read Every Issue From Cover to Cover:

October
Symposium: Allergy . . . . Richard D. deShazo, M.D.
Coordinator
Special Article: Allergy 1947-1987 . . . . Max Samter, M.D.

November 1
Symposium: Focus on Family Practice . . . . Roy J. Gerard, M.D.
Coordinator

November 15
Symposium: Colon & Rectal Disease . . . . Joseph A. Scoma, M.D.
Coordinator
Special Article: Colon & Rectal Disease 1947-1987 . . . . Eugene P. Salvati, M.D.

December
Symposium: Genetic Diseases
Special Article: Genetics 1947-1987 . . . . Richard A. King, M.D.

40th YEAR
Postgraduate Medicine

Every Issue is a Celebration of Clinical Information

CARAFATE®
(sucralfate)

BRIEF SUMMARY

CONTRAINDICATIONS

There are no known contraindications to the use of sucralfate.

PRECAUTIONS

Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that the simultaneous administration of CARAFATE with tetracycline, phenytoin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. The clinical significance of these animal studies is yet to be defined

Carcinogenesis, Mutagenesis, Impairment of Fertility: No evidence of drug-related tumorigenicity was found in chronic oral toxicity studies of 24 months' duration conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies have not been conducted.

Pregnancy: Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients, adverse effects were reported in 121 (4.7%). Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

DOSAGE AND ADMINISTRATION

The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate.

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination.

HOW SUPPLIED

CARAFATE (sucralfate) 1-gm pink tablets are supplied in bottles of 100 and in Unit Dose Identification Paks of 100. The tablets are embossed with MARION/1712. Issued 3/84

References:

1. Grossman MI: *Scand J Gastroenterol* 58 (suppl 15):7-16, 1980.
2. Marks IN, in Hellemans J, Vantrappen G (eds): *Gastrointestinal Tract Disorders in the Elderly.* Edinburgh, Churchill Livingstone, 70-81, 1984.
3. Krentz K, Jablonowski H, in Hellemans J, Vantrappen G (eds): *Gastrointestinal Tract Disorders in the Elderly.* Edinburgh, Churchill Livingstone, 62-69, 1984.

Another patient benefit product from
M PHARMACEUTICAL DIVISION
MARION
LABORATORIES, INC.
KANSAS CITY MO 64137

1595H7

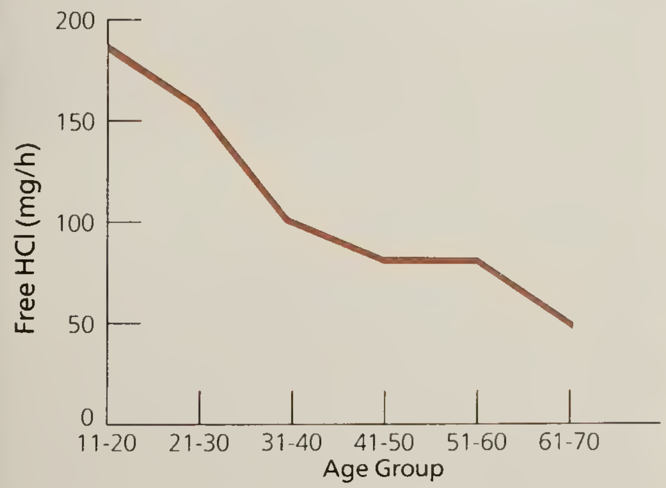
Specialized ulcer therapy

When advancing age signals reduced acid secretion

REDUCE
SPEED
AHEAD

If your duodenal ulcer patient is over 55, decreased mucosal resistance is more likely to cause an ulcer than hypersecretion of acid-pepsin.[1] A tendency toward lower acid secretion with advancing age has been shown.[2,3]

Declining gastric secretion and age[3]



CARAFATE® (sucralfate/Marion) makes sense as initial ulcer therapy for the elderly. Carafate provides ulcer healing rates comparable to H_2 antagonists without the risk of systemic side effects or drug interactions—an important benefit for older patients.

The unique, nonsystemic action of Carafate enhances the body's own ulcer healing ability, strengthening the mucosal structure as it protects damaged tissue from further injury.

When advancing age signals reduced acid secretion, choose the specialized ulcer therapy of safe, nonsystemic Carafate.

Nothing works like

CARAFATE®
sucralfate/Marion

Please see adjoining page for references and brief summary of prescribing information.

1595H7

There’s never been a better time for he

nd PREMARIN®

Proven benefits beyond relief of vasomotor symptoms

No other estrogen proven effective for osteoporosis

Only conjugated estrogens tablets have established efficacy in both osteoporosis[1] and vasomotor symptoms* at 0.625 mg/day. No other estrogen, oral or transdermal, has established clinical evidence or minimum effective dose in both indications.

No estrogen proven safer

PREMARIN is the most extensively tested estrogen, with an unsurpassed record of long-term safety.
And clinical evidence shows a significantly reduced risk of endometrial hyperplasia when cycled with a progestin.[2]

PREMARIN®
(conjugated estrogens tablets)

Most trusted for more reasons

*PREMARIN is indicated for moderate-to-severe vasomotor symptoms

Please see following page for brief summary
of prescribing information.

For moderate-to-severe vasomotor symptoms and for osteoporosis

PREMARIN®
(conjugated estrogens tablets)

PREMARIN 0.3
PREMARIN 0.625
PREMARIN 0.9
PREMARIN 1.25
PREMARIN 2.5

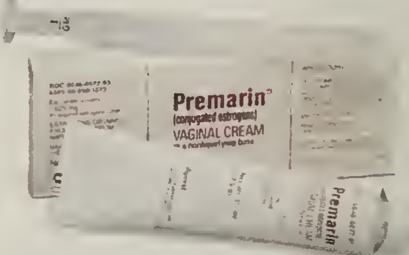
0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

The appearance of these tablets is a trademark of Ayerst Laboratories.

For atrophic vaginitis

PREMARIN®
(conjugated estrogens)

Vaginal
Cream
0.625 mg/g



BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream, in a nonliquefying base

> 1 ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
> Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year This risk was independent of the other known risk factors for endometrial cancer These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4 5 to 13 9 times greater than in nonusers The risk appears to depend on both duration of treatment and on estrogen dose In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible When prolonged treatment is medically indicated the patient should be reassessed on at least a semi-annual basis to determine the need for continued therapy Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration, it therefore appears prudent to utilize such a regimen Close clinical surveillance of all women taking estrogens is important In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equi-estrogenic doses
> 2 ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
> The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring It has been shown that females exposed in utero to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing in later life, a form of vaginal or cervical cancer that is ordinarily extremely rare This risk has been estimated as not greater than 4 per 1,000 exposures Furthermore a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix Although these changes are histologically benign, it is not known whether they are precursors of malignancy Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects One case-controlled study estimated a 4 7-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy or attempted treatment for threatened abortion) Some of these exposures were very short and involved only a few days of treatment The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1,000 In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters Tablets are available in 0 3 mg 0 625 mg, 0 9 mg, 1 25 mg, and 2 5 mg strengths of conjugated estrogens Cream is available as 0 625 mg conjugated estrogens per gram

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP) Moderate-to-severe *vasomotor* symptoms associated with the menopause (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions) Osteoporosis (abnormally low bone mass) Atrophic vaginitis Kraurosis vulvae Female castration

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae

PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING)

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes Whether this will provide protection from endometrial carcinoma has not been clearly established There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens (See PRECAUTIONS) The choice of progestin and dosage may be important, product labeling should be reviewed to minimize possible adverse effects

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions 1 Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease 2 Known or suspected estrogen-dependent neoplasia 3 Known or suspected pregnancy (see Boxed Warning) 4 Undiagnosed abnormal genital bleeding 5 Active thrombophlebitis or thromboembolic disorders 6 A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy)

WARNINGS: Estrogens have been reported to increase the risk of endometrial carcinoma (see Boxed Warning) However, a recent large, case-controlled study indicated no increase in risk of breast cancer in postmenopausal women A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement, it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use They should be used with caution in patients with cerebral vascular or coronary artery disease Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness abdominal mass, or hypovolemic shock Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives For this reason, diabetic patients should be carefully observed Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed Conditions influenced by fluid retention, such as asthma, epilepsy migraine, and cardiac or renal dysfunction, require careful observation Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients Oral contraceptives appear to be associated with an increased incidence of mental depression Patients with a history of depression should be carefully observed Pre-existing uterine leiomyomata may increase in size during estrogen use The pathologist should be advised of estrogen therapy when relevant specimens are submitted If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not yet complete If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism

The following changes may be expected with larger doses of estrogen:

a Increased sulfobromophthalein retention

b Increased prothrombin and factors VII, VIII, IX, and X, decreased antithrombin 3, increased norepinephrine-induced platelet aggregability

c Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T_4 by column, or T_4 by radioimmunoassay Free T_3 resin uptake is decreased, reflecting the elevated TBG free T_4 concentration is unaltered

d Impaired glucose tolerance

e Decreased pregnanediol excretion

f Reduced response to metyrapone test

g Reduced serum folate concentration

h Increased serum triglyceride and phospholipid concentration

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk

Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver However, in a recent, large case-controlled study of postmenopausal women there was no increase in risk of breast cancer with use of conjugated estrogens

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives, breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, premenstrual-like syndrome, amenorrhea during and after treatment, increase in size of uterine fibromyomata, vaginal candidiasis, change in cervical erosion and in degree of cervical secretion, cystitis-like syndrome, tenderness, enlargement secretion (of breasts), nausea, vomiting abdominal cramps, bloating, cholestatic jaundice, chloasma or melasma which may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism, steepening of corneal curvature, intolerance to contact lenses, headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight, reduced carbohydrate tolerance aggravation of porphyria, edema, changes in libido

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1 *Given cyclically for short-term use only* For treatment of moderate-to-severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0 3 mg to 1 25 mg or more daily) The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible Administration should be cyclic (eg, three weeks on and one week off) Attempts to discontinue or taper medication should be made at three- to six-month intervals

2 *Given cyclically* Osteoporosis Female castration Osteoporosis —0 625 mg daily Administration should be cyclic (eg, three weeks on and one week off). Female castration—1 25 mg daily, cyclically Adjust upward or downward according to response of the patient For maintenance, adjust dosage to lowest level that will provide effective control

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only For treatment of atrophic vaginitis or kraurosis vulvae

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible

Administration should be cyclic (eg, three weeks on and one week off)

Attempts to discontinue or taper medication should be made at three- to six-month intervals

Usual dosage range 2 g to 4 g daily, intravaginally, depending on the severity of the condition

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding

References:

1. Lindsay R, Hart OM, Clark DM The minimum effective dose of estrogen for prevention of postmenopausal bone loss *Obstet Gynecol* 1984,63 759-763 **2.** Studd JWW, Thom MH, Paterson MEL, et al The prevention and treatment of endometrial pathology in postmenopausal women receiving exogenous estrogens, in Pasetto N, Paoletti R, Ambrus JL (eds) *The Menopause and Postmenopause* Lancaster, England, MTP Press Ltd, 1980, chap 13

© 1987 Ayerst Laboratories
All rights reserved

6437/587

Ayerst®
AYERST LABORATORIES
New York, NY 10017

Jackson doctors discuss liability crisis

Thank you
for not smoking

Thomas D. Harris, MD, president of the Jackson County Medical Society, explains how Michigan's medical liability crisis affects him and his patients to Speaker of the Michigan House of Representatives Gary Owen, (D)-Ypsilanti. Accompanying Doctor Harris on the visit is Lorenz P. Kielhorn, MD, chief of staff at Foote Hospital. Also attending the meeting were Foote Hospital Chief Executive Officer Paul Tejada; Wayne A. Bare, MD, a Jackson obstetrician who is leaving Michigan because of the liability situation, and Carl A. Gagliardi, MD, of Dearborn, MSMS president. Before this meeting with Rep. Owen, the group talked with Gov. James J. Blanchard and requested that he appoint a special task force to study the medical liability problem.

WARDE
MEDICAL LABORATORY

2008 Hogback Road, Ann Arbor, Michigan 48105, (313) 973-1110

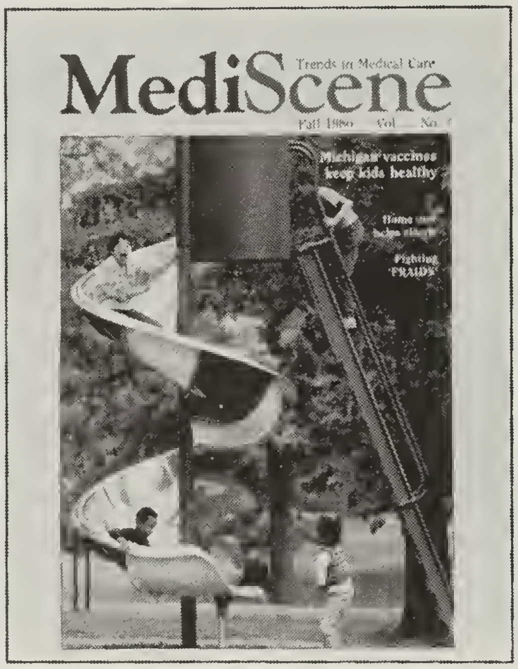
V. A. Bernstam, M.D., Ph.D.
Medical Director

Comprehensive Reference Laboratory Services
INCLUDING

- Alpha-fetoprotein
- HIV Screening and confirmation
- Coronary risk evaluation with Apolipoprotein levels
- Toxicology/Drugs of abuse with GC-MS confirmation.

SPECIMEN COLLECTION AVAILABLE IN
ANN ARBOR, LANSING, AND DETROIT METROPOLITAN AREAS

This magazine is filled with information about Health and Medical Care.



Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away — by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four!
Send me ___ subscriptions at $9.95 ea. (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea. (11 or more subscriptions). Enclosed is my check for ________.

NAME ____________________
ADDRESS ____________________
CITY ____________________
STATE ____________ ZIP ________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A, D, DIA, END, NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

AIM HIGH

READY
FOR A CHANGE
OF PACE?

The Air Force has openings for **Physician Specialists**. You can enjoy better working hours, 30 days of vacation with pay each year and a unique and enjoyable life-style for you and your family while serving your country. Ask a health professions recruiter about our outstanding pay and benefits package. Call

USAS Health Professions
1-800-423 USAS
Toll Free

AIR FORCE

Michigan State Medical Society

It's everything special under the sun..........

February 22-29 1988
March 14-21 1988

From $849.00 per person
Detroit Departure

This unique itinerary offers you an unforgettable cruise experience visiting San Juan and its walled city; the busy waterfront of Charlotte Amalie in St. Thomas; Dominica-a tropical hothouse of exotic plants, animals and people;Bequia-a sundrenched paradise; Barbados-very British, friendly , and very beautiful; Martinique-birthplace of Napoleon's Josephine, and where Gaugin lived and worked; St. Kitts- rich in vegetation and virgin rain forests alive with the sound of hummingbirds.

mv THE AZUR

SPACE IS LIMITED!
SIGN UP SOON!

OPEN TO MEMBERS,THEIR FAMILIES AND FRIENDS

TOUR INCLUDES
- Round-trip L-1011 jet air transportation.
- Seven days cruising to seven exciting ports of call.
- Eight meals per day.
- Transfers via air-conditioned motorcoaches and porterage.
- Trans Global Tours escort will host your cruise.
- And much, much more.....

FOR ADDITIONAL INFORMATION
CALL OR WRITE:
TRANS GLOBAL TOURS, INC.
8200 Normandale Boulevard, Suite 504
Minneapolis, MN 55437
USA toll Free:: 1-800-328-6264

OR
MICHIGAN STATE MEDICAL SOCIETY
ATTN:DONNA FAROUGI
120 West Saginaw Street
East Lansing, Michigan 48826-0950
(517) 337-1351

Indigent health care

Over three out of five Americans (62 percent) believe that government should pay for indigent health care, according to an SRI Gallup Hospital Market Research telephone poll conducted last July. Moreover, Americans who hold government responsible for the health care bills of needy Americans feel so strongly about the issue, according to the poll, that nearly seven out of 10 (69 percent) are willing to pay higher taxes to fund this care.

The plurality of Americans (37 percent) suggest that the federal government should be held accountable; 15 percent feel that state government should pay; six percent suggest local government; and four percent cite "all government" as the funding source. Only four percent of Americans feel that indigents should be left to their own devices, and smaller percentages suggest other possible payors, such as family, friends, charities or insurance.

"A majority of Americans evidently are saying that health care is a right that should be protected by government," says Steven Steiber, senior vice president of SRI Gallup's Chicago office. "When seven out of ten of those Americans who hold government responsible feel so strongly that they are willing to pay higher taxes to ensure needy Americans' right to health care, it is clear that a debate is brewing over America's health care policies."

SRI Gallup, a partnership between Selection Research, Inc. of Lincoln, Nebraska, and The Gallup Organization of Princeton, New Jersey, is the nation's largest market research agency devoted solely to the health care industry.

Who Should Pay for Indigent Health Care?

"Who do you think should pay for the health care of those who cannot pay for themselves?"

GOVERNMENT	62%
Federal Government	37
State Government	15
Local Government	6
All Government	4
Taxpayers/Public	4
No One/They Should Pay	4
Family	2
Charities	1
Insurance	1
Other	9
Don't Know	18
BASE	(736)

"If the government should pay, are you willing to pay higher taxes to support indigent health care?" (OF THOSE WHO CITE GOVERNMENT ABOVE) ____

Yes	69%
No	26
Don't Know	5
BASE	(423)

SOURCE: SRI Gallup Hospital Market Research, Chicago. Telephone survey of 736 adult Americans nationwide conducted in July, 1987. The margin of error for this poll is +3.7 percent.

Diabetes study

Approximately six million Americans have diabetes mellitus, a leading cause of blindness, kidney failure, heart disease and foot amputations.

To find out if these complications can be prevented by controlling blood sugar, researchers at the University of Michigan Medical Center (UMMC) are participating in an international study called Diabetes Control and Complications Trial (DCCT).

Douglass Greene, MD, John Floyd, MD, Neil White, MD, and Bill Herman, MD, all faculty physicians at the U-M Medical School, are seeking patients with insulin-dependant diabetes to join the study.

Those interested in participating or learning more about the study should call Nugget Burkhart, R.N., or Cathy Martin, R.N., at (313) 763-4156.

Osteoporosis program

William Beaumont Hospital-Royal Oak has begun a comprehensive osteoporosis information and referral program to treat persons suffering from osteoporosis.

A physician, dietician and physical therapist will conduct the class, "Osteoporosis—Are Weak Bones in Your Future?" To register for the class, call Beaumont's toll-free information and referral service number, 1-800-633-7377. ☐

— Laboratory of Clinical Medicine —

Diagnostic Laboratory Specialists

517-372-8180 • 800-292-4543

- Reliable Laboratory Testing
- Accredited by College of American Pathologists
- 20 year tradition of quality
- House calls and true 'STAT' service
- Computerized reports and billing

LABORATORY OF CLINICAL MEDICINE
MID-MICHIGAN REFERENCE LABORATORY, II, INC.

Professional Staff

Director
W.E. Maldonado, M.D.
Pathologists
J.J. Gillespie, M.D.
R.N. Horowitz, M.D.
R.H. Knapp, M.D.
J.G. Lyday, M.D.
L.R. Simson, Jr., M.D.
S.P. Pradhan, M.D.
R. Tyler, M.D.
Ph.D. Clinical Scientists
J.W. Dyke, Ph.D.
K.W. Dobra, Ph.D.
J.R. Kateley, Ph.D.
J.R. Melvin, Ph.D.
M.K. Oaks, Ph.D.
R.B. Foy, Ph.D.
S.E. Stuart, Ph.D.
M.C. Wimmer, Ph.D.

Corporate Office
6433 S. Pennsylvania Ave.
Suite 300
Lansing, MI 48911

Laboratory Services
Chemistry
Hematology
Toxicology
Microbiology
Virology
Immunology
Blood Banking
Transplantation
Endocrinology
Infertility
Surgical Pathology
Dermatopathology
Electron Microscopy
Flow Cytometry
Cytogenetics
Cytology

Lansing Locations:

- *930 E. Mt. Hope*
- *625 S. Waverly*
- *1322 E. Michigan #102*
- *2909 E. Grand River #104*

ATTENTION HEALTH PROFESSIONALS!

Gerald Faverman, Ph.D. • *Chairman of the Board*
Craig Ruff • *President*
October 1987

PSC

HEALTH POLICY BULLETIN

NEW PUBLICATION

Public Sector Consultants introduces the *Health Policy Bulletin*. Published monthly, the bulletin focuses on public policy issues, opinion leaders, and processes that affect the health care delivery system and its financing. We emphasize policy making in Michigan state government, but from time to time refer to events at the federal and local levels and in other states that may influence health policies.

The *Health Policy Bulletin* is available by subscription for $95 a year. To order, write to Public Sector Consultants, Inc., Knapp's Centre, 300 South Washington Square, Suite 401, Lansing, MI 48933 or call 517/484-4954.

Living wills help guide physicians

By Peter A. Levine

The Genesee County Medical Society has instituted an important tool to guide physicians and others who must deal with dying patients and their distraught families: the living will.

The Society voted to write and distribute sample documents to 479 physician-members and others after repeated failures by the state legislature to consider or pass statutes governing their use. The actual draft language for the living will was produced by GCMS attorneys, Cline, Cline, and Griffin of Flint.

The decision by Genesee County physicians to establish a living will policy was prompted by a long-term concern by physicians who deal with dying patients.

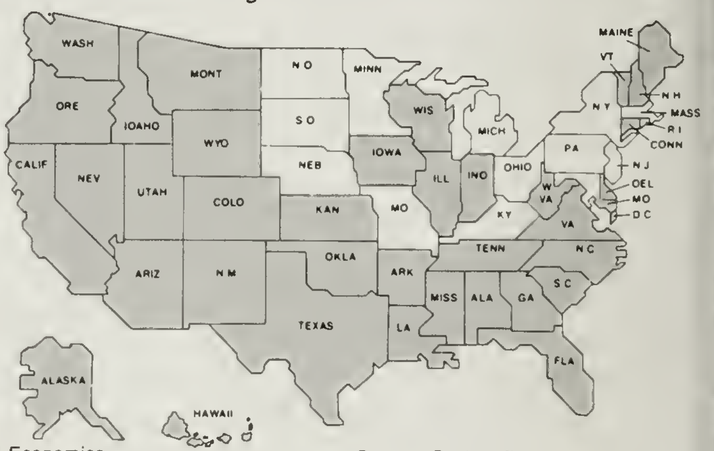
The County Medical Society also was responding to nursing home administrators, who constantly deal with patients in cardiac arrest or respiratory failure, and emergency medical specialists, who have a legal obligation to treat dying people.

The living will document makes known the wishes of the signer concerning the use of artificial means to prolong life. It notes that if a physician should determine that a person's injury, disease, or illness is terminal and that life-support equipment would only artificially prolong the dying process, then only measures maximizing comfort and minimizing pain should be implemented, as the following clause implies:

THE LIVING-WILL MOVEMENT CROSSES MORE BORDERS

Last year three more states passed living-will laws, bringing the total to 38, plus the District of Columbia. Meanwhile, frustrated by governmental foot-dragging, doctors in Flint, Mich., have moved ahead on their own. The Genesee County Medical Society has issued a model will for dissemination by physicians, nursing-home and hospital administrators, and others who deal with dying patients.

Where living-will laws have been enacted



Reprinted with the permission of Medical Economics

Source: Society For The Right To Die

"Should I become unable to participate in decisions with respect to my medical treatment, it is my intention that these decisions be honored by my family and physicians as a final expression of my legal right to refuse medical treatment, and I accept the consequences of this refusal."

The will also includes an optional clause assigning a proxy who could act for the signer in case he or she is comatose, incompetent, or otherwise mentally or physically incapable of communicating with others.

Those who request living wills are encouraged to sign more than one form in the presence of two disinterested witnesses. Separate copies are then placed in the patient's medical file with numerous other people including his or her attorney, closest relative or friend, and clergyman, companion, or neighbor.

Although there are no laws recognizing living wills in Michigan, the Genesee County Medical Society document at least offers a standardized form that, if witnessed properly, can provide direction for a physician.

Although the document has no legal basis, it has not been challenged in the courts since first implemented. There also has been no effort to prove liability on the part of a hospital or physician where a living will has been used.

A sample form with instructions was enclosed in the July, 1986, edition of the Society's Bulletin.

The beauty of the document is that it may help reduce the emotional stresses and strains felt by both physicians and family members who must make life-saving decisions for a comatose patient.

"It is especially valid in cases where participants in that process are in a quandary about continuing life-support—despite indications that the patient will not survive," said Willys F. Mueller,

Mr. Levine is executive director of the Genesee County Medical Society. His article is adapted from another by Christine Hinz in the *American Medical News*.

MD, chief of pathology for Flint's Hurley Medical Center and president of the Genesee County Medical Society.

"It becomes more comforting when you have a document expressing the wishes of the patient," said Doctor Mueller, who, despite his own private practice as a pathologist, has had to make decisions concerning the cessation of aggressive treatment for both his father and father-in-law.

"It allows you to say that you are not giving up; you're just following the wishes of the patient," he said.

Doctor Mueller also said he doubted that any physician would use a living will as a "club" to convince family members to switch off life support. He anticipates that a physician would abide by the wishes of family members if they were adamant about continuing heroic measures despite the obvious outcome and the existence of a living will.

"Its usefulness is as a tool for guidance," Doctor Mueller said. "When it's used in that context, I don't think physicians will have a problem with it legally or morally."☐

Editor's note: This article on the Genesee County Medical Society is the first of a new series of articles on county medical societies which will appear in future issues of *Michigan Medicine*.

You've Known Us
For Our Quality...
Now Test Our Service

Specialty Reference Laboratory Testing
- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology
- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

M Labs
Department of Pathology
University of Michigan
Medical Center

1500 E. Medical Center Drive
Medical Science Bldg. I
M5221/0602
Ann Arbor, MI 48109-0602

313-936-2598

800-862-PATH

Peter A. Ward M.D.
Chairman

Kenneth D. McClatchey M.D.
Associate Chairman
Director, M Labs

Eugene M. Silverman M.D.
Associate Director, M Labs

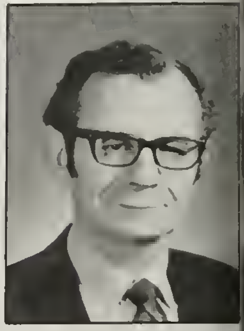
Saper

Kapur

Sanders

Calhoun

Raven


Selbst

Stanley E. Dudek, MD, FACS, Lansing, has become the president-elect of the Michigan Otolaryngological Society... **Joel R. Saper, MD,** Ann Arbor, director of the Michigan Headache and Neurological Institute, has been invited to address the Second Annual Conference on Pain at the University of Pittsburgh... **Donald R. Hawes, MD,** Grand Rapids, received special recognition from his peers during the convocation ceremonies at the annual meeting of the American College of Radiology. Selected for his outstanding contributions to the field of radiology, Doctor Hawes was named as one of the 104 fellows by the College's Board of Chancellors.... **Norbert Enzer, MD,** East Lansing, professor of psychiatry at Michigan State University, received the Honorary Distinguished Physician Award from the American College of Neuropsychiatrists at the group's 1987 annual meeting. ... **Yash Pal Kapur, MD,** East Lansing, professor and chief, Division of Otolaryngology, Department of Surgery, Michigan State University, has been named consultant to the newly-created Latin American Regional Center for Prevention, Diagnosis and Treatment of Hearing Impairments, located in Mexico City. Doctor Kapur is serving as the representative from the World Wide Committee of Hearing of the International Federation of Otological Societies and the World Health Organization, Geneva.... **Charles H. Sanders, MD,** East Lansing, professor of pathology at Michigan State University, was an invited speaker at the New York Academy of Sciences' Conference on "Impact on the Fetus of Parental Sexually Transmitted Disease." Doctor Sander's presentation was entitled "Mycoplasma-Like Particles Within the Placenta: A Potential Placental-Fetal Pathogen."... **Seong Chi, MD,** is honored by Ingham Medical Center and the Lansing community for "insightful leadership and pioneering contributions to the field of medicine." He is the recipient of the Medical Center's Healthcare Leadership Award.... Two Michigan physicians inducted into the Michigan Women's Hall of Fame are **Ethel Calhoun, MD,** now of Galesburg, Illinois, who pioneered the use of the Kenny technique in the treatment of polio, and **Clara Raven, MD,** Detroit. Doctor Raven is former deputy medical examiner of Wayne County and a pioneering researcher into Sudden Infant Death Syndrome. She was one of the first women doctors to be commissioned in the Army Medical Corps during World War II. ... **Ronald A. Selbst, MD,** Bloomfield Hills, has assumed the presidency of the Michigan Psychiatric Society.... **Morris Weiss, MD,** Birmingham, is the Society's new secretary-treasurer.... **Michael J. Baker, MD,** Clarkston, was recently appointed to the Divisional Board at St. Joseph Mercy Hospital, Pontiac.... **Michael Hughes, MD,** Battle Creek, was nominated in August by Governor James Blanchard to the Michigan Agent Orange Commission. The Commission will study the effects on Michigan veterans of Agent Orange, a defoliant used during the Vietnam War. □

The benefit of antianginal protection plus safety...

CARDIZEM®: A FULLER LIFE

diltiazem HCl/Marion

90 mg GREATER DOSAGE FLEXIBILITY NEW 120 mg

- **A remarkable safety profile**[1-6]
  The low incidence of side effects with Cardizem allows patients to feel better.
- **Protection against angina attacks**[1,5,7-9]
  The predictable efficacy of Cardizem in stable exertional* and vasospastic angina allows patients to do more.
- **A decrease in myocardial oxygen demand**
  Resulting from a lowered heart rate-blood pressure product.[5]
- **Compatible with other antianginals**[6]†
- **Safe in angina with coexisting hypertension, COPD, asthma, or PVD**[1,3,5,6]

*CARDIZEM® (diltiazem HCl) is indicated in the treatment of angina pectoris due to coronary artery spasm and in the management of chronic stable angina (classic effort-associated angina) in patients who cannot tolerate therapy with beta-blockers and/or nitrates or who remain symptomatic despite adequate doses of these agents.

†See Warnings and Precautions.

Please see brief summary of prescribing information on the next page.

CARDIZEM® ANTIANGINAL PROTECTION PLUS SAFETY

diltiazem HCl/Marion

Usual maintenance dosage range: 180-360 mg/day

℞
Cardizem®
(diltiazem HCl)

☐ 60 mg ☐ 90 mg
☐ 120 mg

Sig: tid

Brief Summary
Professional Use Information

CARDIZEM®
(diltiazem HCl) 30 mg, 60 mg, 90 mg, and 120 mg Tablets

CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase.
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 9/86

See complete Professional Use Information before prescribing.

References: 1. Schroeder JS: Mod Med 1982;50(Sept):94-116. **2.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3.** O'Rourke RA: Am J Cardiol 1985;56:34H-40H. **4.** McCall D, Walsh RA, Frohlich ED, et al: Curr Probl Cardiol 1985;10(8):6-80. **5.** Frishman WH, Charlap S, Goldberger J, et al: Am J Cardiol 1985;56:41H-46H. **6.** Shapiro W: Consultant 1984;24(Dec):150-159. **7.** O'Hara MJ, Khurmi NS, Bowles MJ, et al: Am J Cardiol 1984;54:477-481. **8.** Strauss WE, McIntyre KM, Parisi AF, et al: Am J Cardiol 1982;49:560-566. **9.** Feldman RL, Pepine CJ, Whittle J, et al: Am J Cardiol 1982;49:554-559.

Another patient benefit product from

PHARMACEUTICAL DIVISION
MARION
LABORATORIES, INC.
KANSAS CITY, MO 64137

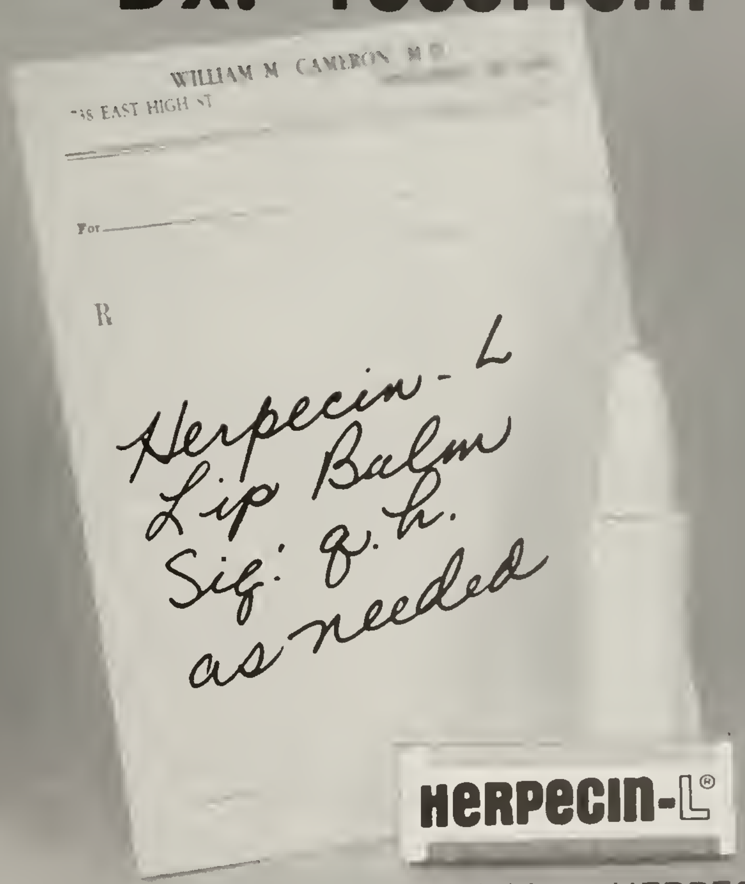
0034M7

curs in approximately 70 percent of the cases. Later manifestations are less typical and include arthritis, acrodermatitis and cardiovascular, neurological or multiple sclerosis-like disease, which can easily be confused with more common causes associated with such symptoms.

Dogs are fairly good sentinel animals for tickborne diseases such as Lyme disease. During the summer of 1987 a total of 26 serum samples from dogs, in which the disease is also manifest, were submitted to the Clinical Parasitology Laboratory of the College of Veterinary Medicine at Michigan State University. Sixteen animals, all living in the lower peninsula, were found positive and 12 of these indeed demonstrated arthritis and/or a typical shifting lameness. It therefore seems probable that the disease in man will soon show up in the southern parts of the state, despite the lack of a significant tick population. Physicians should be aware of the possibility of encountering this increasingly important syndrome.

T. W. Schillhorn van Veen, DVM, PhD
Clinical Parasitology Laboratory
College of Veterinary Medicine
Michigan State University

Dx: recurrent herpes labialis



"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough.**" DDS, MN

"HERPECIN-L® . . . a **conservative approach** with **low risk/high benefits.**" MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed** . . . remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior.**" DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

It's license renewal time again

by Thomas J. DeKornfeld, MD

It's that time of year again. The Michigan Department of Licensing and Regulation is about to send out license renewal notices to 7,000 physicians.

The majority of physicians comply with the Department's requests and accurately complete the renewal process. To them we all express our deepest and most heartfelt thank you.

But though the renewal process is simple, the Department routinely experiences problems in updating several hundred physicians' licenses.

About 350 of our renewal notices, for instance, will be returned to us as undeliverable. Please remember that it is not the Department's responsibility to track physicians down; it is physicians' responsibility to renew their licenses.

Take necessary steps

Therefore, let me describe steps physicians can take to complete a successful renewal process. First, look at the address on your license and make sure that it is correct. If it is not correct, please notify us immediately, in writing, and give both the old and the new addresses. Please do this whether or not your license is up for renewal.

Incidentally, your controlled substance license, issued by the Board of Pharmacy, expires at the same time as your medical license.

This year, for the first time, the renewal card is for both licenses. Thus, the fee you will be asked to pay will be higher than the renewal fee in years past. You may choose not to renew your controlled substance license, in which case you only have to pay the portion of the bill earmarked for the renewal of your medical license.

What you cannot do is use the renewal card as an application for a controlled substance license by simply increasing the amount of money you return. If you don't have a controlled substance license and wish to have one, you must apply to the Board of Pharmacy.

Remember your fees

Every year we get some phone calls, with the caller asking whether or not he/she (the caller) had paid his/her fee. Please don't do that! You ought to know whether or not you have paid your fee. Calls like this not only irritate the staff quite justifiably, but also take valuable time and waste valuable resources.

Even though your license expires January 31, 1988, you have an additional 60-day grace period for your renewal. If your license expires, you must apply for reinstatement. This requires that you fill out an application, pay the required fee and a penalty fee and document the CME for the past three years.

Let me remind you that by returning your license renewal card, you attest to the fact that you have met the CME requirements and that you can document them, if asked to do so.

Waivers available

If you are ill, out of the country or on military service, you may be eligible for a renewal waiver. The waiver must be obtained before you renew the license. Waivers cannot be granted retroactively after you have already attested that you have met the legal requirements and are prepared to document them. The Board will start disciplinary proceedings against every physician who, when audited, cannot document the 150 hours of CME the Code mandates and the rules the Board demand.

In summary, please notify us immediately if your address is incorrect on your license. If your license expires on January 31, 1988, and you have not received your renewal card by December 31, 1987, please call us immediately after the New Year so that we can send you another card.

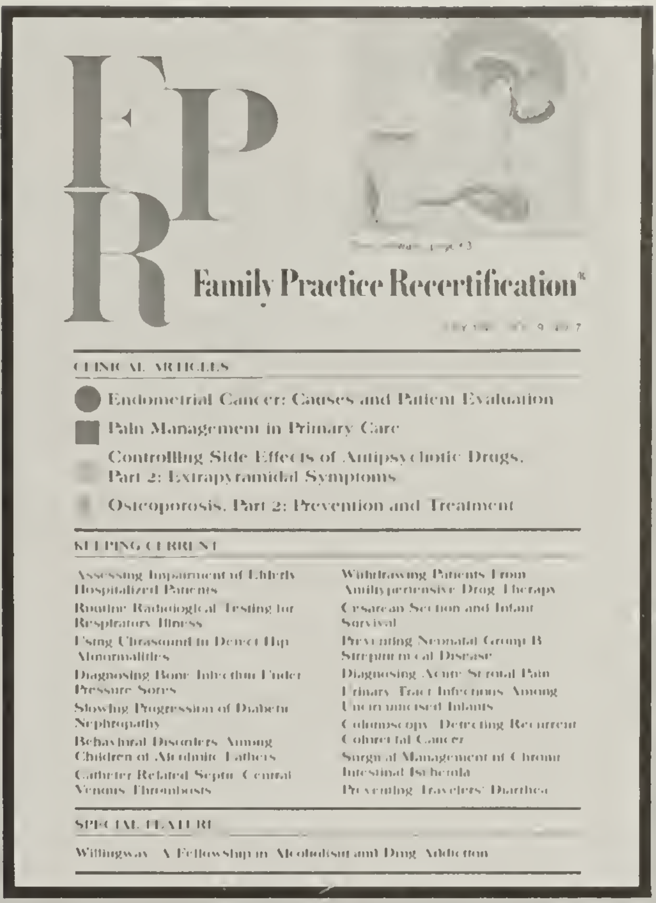
Make sure your CME documentation is complete. Once you get your new license, would you please so advise the medical staff office of the hospital(s) where you are on staff? This will save them the need to confirm the license for 1988 and will save us the time and bother of having to do so later during the year.

Thank you. ☐

Doctor DeKornfeld is administrator, Michigan Board of Medicine.

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit



FPR

Family Practice Recertification®

CLINICAL ARTICLES

- Endometrial Cancer: Causes and Patient Evaluation
- Pain Management in Primary Care
- Controlling Side Effects of Antipsychotic Drugs, Part 2: Extrapyramidal Symptoms
- Osteoporosis, Part 2: Prevention and Treatment

KEEPING CURRENT

Assessing Impairment of Elderly Hospitalized Patients
Routine Radiological Testing for Respiratory Illness
Using Ultrasound to Detect Hip Abnormalities
Diagnosing Bone Infection Under Pressure Sores
Slowing Progression of Diabetic Nephropathy
Behavioral Disorders Among Children of Alcoholic Fathers
Catheter Related Septic Central Venous Thrombosis
Withdrawing Patients From Antihypertensive Drug Therapy
Cesarean Section and Infant Survival
Preventing Neonatal Group B Streptococcal Disease
Diagnosing Acute Scrotal Pain
Urinary Tract Infections Among Uncircumcised Infants
Colonoscopy: Detecting Recurrent Colorectal Cancer
Surgical Management of Chronic Intestinal Ischemia
Preventing Travelers' Diarrhea

SPECIAL FEATURE

Willingway: A Fellowship in Alcoholism and Drug Addiction

PRACTICAL ▪ CLINICAL ▪ EDUCATIONAL ▪ CURRENT

We're on call for you

1-800-962-3555

Introducing *M-LINE*, a toll-free special connection for community physicians who need access to the U-M Medical Center.

M-LINE will give you an immediate doctor-to-doctor link to our physicians for consultation or to inquire about patient referrals and clinical and laboratory services. A specially-trained physician service representative will take your call and connect you with the U-M physicians you need.

Next time you want a consult, call M-LINE. It's as easy as *1-800-962-3555.*

M-LINE

University of Michigan Medical Center

DEATHS

Carol L. Burgoyne, MD
Grosse Pointe Park

Carol L. Burgoyne, MD, of Grosse Pointe Park, died September 8 at the age of 44. Doctor Burgoyne was in a psychiatric residency at Sinai Hospital when she died. She also was a child psychologist at Lafayette Clinic. She was a graduate of Wayne State University School of Medicine and a member of the AMA, American Medical Women's Association and the American Psychiatric Association.

Benjamin C. Clyne, MD
Yale

Yale family physician for over 50 years, Benjamin C. Clyne, MD, died August 7 at the age of 81. Doctor Clyne had retired in December, 1985, and was honored at a community open house in January, 1986. He was the son of the late Benjamin Clyne, MD, who had practiced in Yale since 1883. The father and son physician team had provided the community with medical care for more than 100 years. Doctor Clyne was a graduate of Wayne State University School of Medicine and served with the US Army during World War II. He was past president of the St. Clair County Medical Society and was affiliated with Yale Community Hospital.

Frank Cullis, MD
Bloomfield Hills

Doctor Cullis died July 19 at the age of 69. He was a member of the American Medical Association, Wayne County Medical Society, and Michigan Academy of Physical Medicine. He earned his medical degree from the University of Birmingham, England in 1943. He was on the staff of the Mayo Clinic and was a clinical associate professor at Wayne State University School of Medicine.

Lawrence B. Edelman, MD
Bloomfield Hills

Bloomfield Hills ophthalmologist Lawrence B. Edelman, MD, 44, was killed in a Detroit expressway accident August 20. A brick or stone fell from an overpass through the windshield of the Edelman car as the family was traveling through Detroit, causing the car to go out of control, hit a median and flip over. Doctor Edelman was vice chief of ophthalmology at St. Joseph Mercy Hospital in Pontiac and taught at Kresge Eye Institute in Detroit. He was a graduate of Wayne State University School of Medicine.

Ernest M. Eichhorn, MD
Flint

Doctor Eichhorn died September 28 at the age of 79. He was a graduate of Alma College and received his medical degree from the University of Michigan Medical School. He was a member of the American Medical Association and a life-time member of the Genesee County Medical Society. He received a citation of merit from the National Association of Infantile Paralysis.

Sherman P. Faunce, MD
Warren

Doctor Faunce died September 14 at the age of 79. He graduated from the University of Minnesota Medical School and recently received his 50-year certificate for a half-century in the medical field. He also was on the staff of Ford and Macomb Center hospitals. He was a member of the Detroit Yacht Club and the Grosse Pointe Chapter of the Society for the Preservation & Encouragement of Barber Shop Quartet Singers in America.

Evert W. Gaikema, MD
Muskegon

Evert W. Gaikema, MD, a pulmonary disease specialist, died September 23 at the age of 86. He was a graduate of Hope College and received his medical degree from Rush Medical School, Chicago. He was affiliated with Muskegon County Sanatorium as well as Kent County Medical Society.

James V. Lammy, MD
Berkley

Doctor Lammy, former chief of staff and chairman of the urology department at Saratoga Hospital, Detroit, died September 5 at the age of 86. He also served on the staffs of St. Joseph and Deaconess hospitals, Detroit. He was a 1927 graduate of University of Michigan Medical School, and practiced medicine for 53 years. He was a member of the

Continued on page 778

She's counting on You

And you have the talents
and skills to justify her
trust. Don't let alcohol
or drugs jeopardize
this beautiful relationship.
The Michigan Program to
Assist Impaired Physicians
can help.

Michigan State Medical Society
Michigan Association of
Osteopathic Physicians and Surgeons
PO Box 950, East Lansing, Michigan 48823
Contact: Katie Brewbaker
Phone (517) 337-1351

DEATHS/Continued

American Medical Association and Wayne County Medical Society, and was a fellow of the American and International Colleges of Surgeons.

Arthur G. Liddicoat, MD
Southfield

Doctor Liddicoat, a physician and surgeon, died August 31 at the age of 91. He received his 50-year award from MSMS in 1983. Doctor Liddicoat was on staff at Providence and Mt. Carmel hospitals. He was affiliated with the American Medical Association and Wayne County Medical Society. He was an alumnus of the University of Minnesota.

Bernard Mammel, MD
Birmingham

Doctor Mammel died August 31, at the age of 56. He was a graduate of the University of Michigan Medical School. He was in private practice in Detroit where he was attending staff physician and former chief of staff at Mt. Carmel Mercy Hospital. He was a member of the Divisional Board of the Sisters of Mercy Health Corp., Wayne County Medical Society and the American Medical Association.

Robert E. Medlar, MD
Jackson

Robert E. Medlar, MD, died September 13 at the age of 71. He retired in 1983 after 31 years as a surgeon in Jackson. Since his retirement he had volunteered as chief archival assistant and on the board of directors of Ella Sharp Museum. He served as a physician for the Jackson High School football team, and was past president and secretary of Jackson County Medical Society. Doctor Medlar was one of the founders of the Jackson Drug Abuse Council.

E. C. Swanson, MD
Vassar

E. C. Swanson, MD, Vassar, died September 26 at the age of 87. He was developer of oral screening tests for graduates of foreign medical schools coming to the United States. He served as secretary and president of the Tuscola County Medical Society; vice president and executive secretary of the Michigan State Board of Medicine and president of the Federation of Medical Boards of the United States. He belonged to the American Medical Association and had served as president of the Vassar Board of Commerce.

Gunther E. Tiedke, MD
Saginaw

Gunter E. Tiedke, MD, died June 18 at the age of 84. He graduated from the University of Michigan Medical School in 1928. He specialized in ophthalmology. ☐

Physicians Billing Service
Since 1963

FULL CIRCLE SUPPORT
TECHNICAL BILLING ASSISTANCE
THIRD PARTY BILLING
CONSULTING
ON SITE COMPUTER SYSTEMS
REMOTE ENTRY

Tailored to Your Needs

Health-Care Computing
16250 Northland Drive
Southfield, MI 48075
(313) 569-0159

Solo Physicians

Groups

Clinics

Hospital Based Physician Groups

Confidence: Saying yes to:

- Staying in Michigan.
- Insuring with Michigan Physicians Mutual Liability Company (MPMLC).
- Getting early-year “claims-made” premium savings.
- Keeping the coverage at least seven years.
- Retiring at age 60 (or older) and getting free “tail” protection.

For “claims-made” or occurrence coverage, please contact:

Michigan Physicians
mutual liability company

Underwriting Department: (517) 351-1150
1-800-292-1926

Marketing Department: (313) 647-5550

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join with other MSMS members at both the local and state levels in achieving these goals.

Jalal J. Assi, MD — GS
21765 Winchester Rd.
Detroit 48070

Brian N. Bachysnki, MD — OPH
2799 W. Grand Blvd.
Detroit 48202

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST
Offering Retirement Plans:

- **Goal & Risk Analysis**
- **Portfolio Management**
- **Ongoing Portfolio Evaluation**

Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084
(313) 649-5700
(MI) 1-800-323-8073

- A full range investments firm, established 1865.

Harold A. Ballitch, II, MD — IM
1504 Burke, NE "B"
Grand Rapids 49505

Virinder K. Bhardwaj, MD — U
29200 Schoolcraft
Livonia 48150

Terrance A. Bruner, MD — R
1176 Daleview Dr.
Flint 48504

Vernette M. Carlson, MD — FP
Daggett Medical Clinic
Daggett 49821

Louis R. Chanin, DO — OTO
15804 Windmill Pte.
Grosse Pte. 48230

Marilynn Denson, MD — OBG
29200 Schoolcraft
Livonia 48150

Pradeep P. Dhital, MD — PTH
3921 Beecher Rd.
Flint 48502

Patrick J. Droste, MD — OPH
1000 E. Paris, SE
Grand Rapids 49506

David R. Hoffius, MD — FP
4340 Callender, SE
Grand Rapids 49508

Narsimha R. Gottam, MD — IM/CD
260 Eastland Prof. Bldg.
Harper Woods 48225

Jowher Khaleel, MD — IM/CD
20331 Farmington #103
Livonia 48152

Mohamed A. Khan, MD — IM
1056 Woods Lane
Grosse Pte. Woods 48236

Parviz Khan, MD — IM/ON
2841 Monroe Blvd.
Dearborn 48124

Thomas A. Malvitz, MD — ORS
1900 Wealthy St., SE #200
Grand Rapids 49506

Patricia S. Melzer, MD — PD
1501 W. Chisholm
Alpena 49707

Virginia Y. Mesa, MD— GPM/PH
8200 E. Jefferson #1909
Detroit 48214

James W. Parisian, MD — A/EM
425 Cherry St., SE
Grand Rapids 49503

Fredric A. Reyelts, MD — FP
2105 Paris, SE
Grand Rapids 49507

Marc P. Sakwa, MD — TS/GS
1663 W. Big Beaver
Troy 48084

Jean C. Scholl, MD — IM
1950 Manchester
Ann Arbor 48104

Anthony Senagore, MD — CRS
2140 Burning Tree Dr., SE
Grand Rapids 49506

Susan J. Taylor, MD — OBG
771 Kenmoor, SE
Grand Rapids 49506

Ronald L. VanderLaan, MD — CD/IM
1900 Wealthy St., SE #750
Grand Rapids 49506

Donald G. Weston, III, MD— AN
425 Cherry St., SE
Grand Rapids 49503

S. Donald Zaentz, MD— HEM/PM
770 Riverside Ave., #207
Adrian 49221

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category 1 programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a contact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

December

3, Psychoanalytic Marital Therapy and Object Relations Theory. **Location:** To be announced. **Sponsor:** The Michigan Psychoanalytic Society. **Contact:** Robert Hatcher, PhD, Program Committee, The Michigan Psychoanalytic Society, 16310 West Twelve Mile Road, Suite 204, Southfield 48076 (313)557-8633. **Approved for:** 1 hour Category 1 Credit.

4-5, Monitoring In Critical Care Medicine. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School and Michigan Society of Critical Care Medicine. **Contact:** Gayle Fox, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 11 hours Category 1 Credit.

5, Residents' Base Station Symposium. **Location:** E.W. Sparrow Hospital, Lansing. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. **Approved for:** 8 hours Category I Credit.

11, Basic Life Support for Health Professionals. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 5 hours Category 1 Credit.

12, Advanced Cardiac Life Support Recertification Course. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Karen Brown, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 7 hours Category I Credit.

14-18, Principles of Manual Medicine. **Location:** Kellogg Center for Continuing Education, Michigan State University, East Lansing. **Sponsor:** Michigan State University College of Osteopathic Medicine and College of Human Medicine and The North American Academy of Manipulative Medicine. **Contact:** Sandy Kilbourn, Director of Continuing Medical Education, Michigan State University, A306 E. Fee Hall, East Lansing 48824-1316 (517)353-9714. **Approved for:** 40 hours Category I Credit.

January

9, Emergency Medicine Oral Boards Preparation Course. **Location:** St. Mary's Hospital, Saginaw. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. **Approved for:** 5 hours Category 1 Credit.

February

16, The Medical Consequences of Nuclear War. **Location:** Clarion Conference Center, 6810 S. Cedar St., Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hours Category I Credit.

March

10-15, Ophthalmology: Basic and Clinical Review Course. **Location:** Hotel Pontchartrain, 2 Washington Boulevard, Detroit. **Sponsor:** Kresge Eye Institute of Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, 4H University Health Center, 4201 St. Antoine, Detroit 48201 (313)577-1180. **Approved for:** 42 hours Category 1 Credit.

15, Patient Care for Practicing Physicians. **Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hours Category 1 Credit.

22-26, Family Practice—1988 Twelfth Annual Spring Refresher and Board Examination Review. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and The Michigan Academy of Family Physicians. **Contact:** Gayle Fox, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 33.75 hours Category 1 Credit.

April

10-13, Extracorporeal Membrane Oxygenation for Neonatal Respiratory Failure (ECMO) Basic and Advanced Courses. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Departments of Surgery, Pediatrics and Communicable Diseases. **Contact:** Debbie DeSmyther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 11.25 hours Category I Credit for the basic course and 10 hours Category 1 Credit for the advanced course.

14-15, Annual Postgraduate Course in Obstetrics and Gynecology: Challenges and Changes of the 1980s. **Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Obstetrics and Gynecology. **Contact:** Betty Phillips, Office of Continuing Medical Education, The Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 12.3 hours Category I Credit.

16, Emergency Medicine Oral Boards Preparation Course. **Location:** St. Mary's Hospital, Saginaw. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)

CATEGORY I COURSES/ Continued

332-6500. **Approved for:** 5 hours Category 1 Credit.

19, **Is There a Difference Between the Practice of Medicine and the Practice of Osteopathy? Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hours Category 1 Credit.

28-29, **The Phlebotomy Team. Location:** Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Pathology. **Contact:** Debbie DeSmyther, Office of Continuing Medical Education, Towsley Center, Box 201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 10 hours Category 1 Credit.

May

4-5, **Computed Tomography and Magnetic Resonance Imaging and Radiologic Technologist Program. Location:** The Towsley Center for Continuing Medical Education, University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Office of Continuing Medical Education, Towsley Center, Box 201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 22.5 hours Category 1 Credit.

June

21, **Preventive Oncology. Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)332-2320. **Approved for:** 6 hours Category 1 Credit.

July

21, **Fifteenth Michigan Emergency Medicine Assembly: EMS Concepts 88 and Base Station Symposium. Location:** Hilton Shanty Creek, Bellaire. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500. **Approved for:** 22 hours Category 1 Credit.

October

1, **Emergency Medicine Oral Boards Preparation Course. Location:** St. Mary's Hospital, Saginaw. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500. **Approved for:** 5 hours Category 1 Credit.

Don't let your lungs go to pot.

Smoking marijuana is a lot more dangerous than you think. And a lot less cool.

AMERICAN LUNG ASSOCIATION®
The Christmas Seal People®

Space contributed by the publisher as a public service

Lady Killer

Many young women feel smoking is stylish. It is not. Smoking is deadly.
If you could quit for just one day, you could kick the habit for life.
Please join the Great American Smokeout November 19.
Call your local American Cancer Society for more information.

Great American Smokeout/*Nov. 19* AMERICAN CANCER SOCIETY®

MEETINGS

MSMS MEETINGS

January

20, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

February

3, AIDS and Public Policy, sponsored by MSMS and Michigan State University College of Human Medicine, Hilton Inn, Lansing, contact: Mary Anne Ford, (517)337-1351.

March

2, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

April

29 and 5/1, MSMS Board of Directors Meeting, Hyatt Regency, Dearborn, contact: William Madigan (517)337-1351.

September

14, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

November

16, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

AMA MEETINGS

December

3-7, AMA-HMSS Tenth Assembly Meeting, Westin Peachtree Plaza, Atlanta, Georgia, contact: Dewitt C. Miner, AMA, Department of Hospital Medical Staff Services, 535 North Dearborn St., Chicago 60610 (312)645-4747.

6-9, AMA Interim Meeting, Marriott, Atlanta, GA, contact: AMA (312)645-4344.

February

12-14, Leadership Conference, Marriott Hotel, Chicago, contact: AMA, Carla Funk, (312)645-4392.

June

26-30, AMA Annual Meeting, Chicago Hilton and Towers, contact: AMA (312)645-4344.

December

4-7, AMA Interim Meeting, Loews Anatole Hotel, Dallas, TX contact: AMA (312)645-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

December

4, Michigan Health Officers Association, Board of Directors Meeting, Michigan Department of Public Health, Room 1D, contact: David J. Lieberman, MD, president, Michigan Health Officers Association, 650 Stewart Road, Monroe 48161 (313) 243-7144.

5, Residents' Base Station Symposium, Michigan Chapter of the American College of Emergency Physicians, E. W. Sparrow Hospital, Lansing contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

January

9, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

April

16, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

MEETINGS/Continued

June

17-19, Annual Meeting—Michigan Association of Neurological Surgeons, Grand Traverse Resort, Traverse City, contact: William F. Chandler, MD, 1500 E. Medical Center Drive, Ann Arbor 48109 (313)936-5020.

July

21, Fifteenth Michigan Emergency Medicine Assembly—EMS Concepts 88 and Base Station Symposium, Michigan Chapter of the American College of Emergency Physicians, Hilton Shanty Creek, Bellaire, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

October

9, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

OTHER MEETINGS

December

9, Diabetes: 1987 Answers to Old Problems, Diabetes Program of Harper Hospital, Wayne State University, contact: Wanda Malone, Harper Hospital, 3990 John R, Detroit (313)745-4784.

April

6-7, Southeastern Michigan Medical Expo 88: Quality Medicine of the 90s, Wayne County Medical Society, contact: Wayne County Medical Society Service Bureau, Inc., 1010 Antietam Road, Detroit 48207 (313)567-1640.

25-26, Twelfth Annual Conference of the Michigan Association for Infant Mental Health, Ann Arbor, contact: Thomas Horner, PhD, Child and Adolescent Psychiatric Hospital, University of Michigan Medical Center, Ann Arbor 48109 (313)764-5304.

WHY AMA?

The AMA helps maintain high standards in Continuing Medical Education through its participation in the Accreditation Council for Continuing Medical Education (ACCME). The AMA also helps reduce the high cost of CME by offering 28 Video Clinic study courses for CME credit. Upholding CME standards and providing cost-effective CME alternatives: it's one more good reason why you should be a part of the AMA.

To Join,
Contact your county or state medical society or write: Division of Membership, AMA, 535 North Dearborn Street, Chicago, Illinois 60610 or call collect, (312) 751-6196.

AMA
AMERICAN MEDICAL ASSOCIATION

What Every Physician's Spouse Should Know

A series of booklets on topics of special interest to medical families published by the American Medical Association Auxiliary

What Every Physician's Spouse Should Know
SURVIVAL TIPS FOR RESIDENT PHYSICIAN/ MEDICAL STUDENT SPOUSES
What Every Physician's Spouse Should Know
IMPAIRMENT
What Every Physician's Spouse Should Know
PROFESSIONAL LIABILITY
What Every Physician's Spouse Should Know
RETIREMENT AND ESTATE PLANNING
What Every Physician's Spouse Should Know
MARRIAGE

Professional Liability
■ Scope of problem ■ Legal process ■ Coping
Impairment
■ Causes ■ Impact on family ■ Getting help
Survival Tips for Resident Physician/ Medical Student Spouses
■ Marriage in the training years ■ Stress ■ Finances
Marriage
■ Who players are ■ Special concerns ■ Stages of medical career
Retirement and Estate Planning
■ Making retirement years fulfilling ■ Providing for the family's future

MAIL ORDER FORM TO:
American Medical Association Auxiliary, Inc.
535 N. Dearborn St., Chicago, IL 60610

Please send me the following publications in the series on ***What Every Physician's Spouse Should Know:***

# of copies
___ Impairment
___ Professional Liability
___ Survival Tips for Resident Physician/ Medical Student Spouses
___ Marriage
___ Retirement and Estate Planning
(AVAILABLE FEB. 1, 1987)

Each booklet is $3 per copy for AMA Auxiliary members and $5 per copy for non-members

Enclosed is my check in the amount of $______ made payable to the AMA Auxiliary. Check must accompany order form

NAME ______
ADDRESS ______
CITY/STATE/ZIP ______
TELEPHONE ( ) ______

CLASSIFIED

The rate for each classified advertisement in *Michigan Medicine* is 40¢ per word, with a minimum charge of $20.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

EMERGENCY MEDICINE For Emergency physician who possesses excellent clinical and trauma skills within a group of 7 emergency room physicians located in beautiful northwest Wisconsin area. Please send C.V. to: Dr. M. Jaghlit, 900 W. Clairemont Ave., Eau Claire, WI 54701, or call (715)839-4404.

FAMILY PHYSICIAN Teaching Hospital near lake area of southeastern Michigan seeks board-certified/board eligible family physician to join our practice center. This includes three current faculty. A fully-accredited position available, desire to teach a must, OB optional, competitive salary, generous benefits, malpractice, terrific year-round lifestyle. Susan Bixby, Manager Employment, Pontiac General Hospital, Seminole & W. Huron, Pontiac, MI 48053.

WANTED A psychiatrist to join well-established psychiatric practice. Send reply to Michigan Medicine, P.O. Box 111, East Lansing, MI 48823-0950.

ANESTHESIOLOGIST D.O. with recent residency and 1-year pediatric anesthesiology fellowship. Available 5/1/88. Experienced in OB, neuro, epidural narcotics, cardiovascular and invasive monitoring. Contact T. Williams, 1625 Gray Road, Lapeer, Michigan 48446, (313)667-0918.

GRAND RAPIDS, MICHIGAN Seeking industrial medicine physician, full- or part-time, guaranteed salary, fringe benefits. Send CV or contact: Mr. Ren'e Saenz, Administrator, Grand Rapids Industrial Clinic, 678 Front Street, Grand Rapids, MI 49504, (616)456-1445 or 1-800-632-2802.

A BOARD-ELIGIBLE or -certified psychiatrist is desired to join the medical staff of a 150-bed JCAH-accredited adult hospital on a full-time salaried basis. Traverse City Regional Psychiatric Hospital is operated by the Michigan Department of Mental Health and is an equal opportunity employer with a history of continuing commitment to high quality care. The hospital is located in an active and growing community that serves as the center of a beautiful four-season resort and recreational area on the shores of Lake Michigan, and offers diversity and exceptional opportunity for quality living. The position includes paid vacation, competitive salary and an outstanding package of related benefits. Michigan license is required. Inquiries should be directed to G. Robert Miller, M.D., Clinical Director, at (616)922-5282, at Traverse City Regional Psychiatric Hospital, Box C, Traverse City, MI 49684

GENERAL SURGEON Recent medical retirement leaves opening for fourth surgeon to join three other Board Certified surgeons practicing general, thoracic and vascular surgery. Located in North Central Indiana. Interest in endoscopy and colo-rectal surgery desirable. Send resume to Box 106, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

INTERNAL MEDICINE Board certified or eligible to join 12-physician, expanding, multi-specialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect (715)532-6651 or send curriculum vitae with names of references to: John C. Smylie, Administrator, Marshfield Clinic— Ladysmith Center, 906 College Avenue W., Ladysmith, WI 54848

FULL TIME STAFF POSITION for applicant who is residency-trained in emergency medicine and/or board-certified in emergency medicine. Saint Mary's Hospital, a 350-bed teaching hospital with an established group of board-certified emergency physicians seeks an additional qualified member for a full-time staff position. Applicant must be eligible for the American Board of Emergency Medicine. Very congenial group with long-term commitment to the hospital and the community. Active involvement in EMS and medical staff activities and teaching responsibilities. Hospital has a large house staff which rotates through the emergency department, but no emergency medicine residency. Our practice currently sees 32,000 patient visits per year with a large volume of trauma and critical care. New facility has just been completed and we enjoy transcribed, dictated charts. We are active participants in the EMS system and have affiliation with MSU as faculty in the Department of Medicine, Section of Emergency Medicine. Our group offers above average compensation with initial salary package of $100,000 and opportunity for partnership in the group in two years. We provide generous education allowance, paid malpractice insurance and health and disability insurance as well as dues and fees. Pension plan upon becoming partner in group. Grand Rapids is the second-largest metropolitan area in Michigan and the fastest-growing area in the state in terms of both population, new jobs and new businesses. We have a strong, diversified economy with excellent schools, universities, parks, shops, restaurants and hotels. Located near the shore of Lake Michigan with exceptional outdoor and sporting opportunities. Send C.V. or write or call: William C. Daney, MD, FACEP Chairman, Department of Emergency Medicine, Saint Mary's Health Services, 200 Jefferson, S.E., Grand Rapids, MI 49503 (616)774-6789.

INTERNIST BE/BC To join 2 young internists in growing practice in Michigan's beautiful Upper Peninsula. New local hospital. Campus for Michigan State University Medical School. Community of 15,000. Send CV or call: Doctors Spender and Kuehnl, 218 South 10th Street, Escanaba, 49829. (906)786-1563.

MONROE, MICHIGAN Seeking full-time emergency department physicians for 193-bed hospital located 30 miles south of Detroit. Approximately 23,000 patients seen annually. Must be Board eligible or Board certified in primary specialty or emergency medicine. Excellent compensation and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092, or in Michigan 1-800-632-9650.

MICHIGAN Emergency Department Directorships, full-time and part-time opportunities available throughout the state. Rural and urban locations. Guaranteed hourly rate and malpractice insurance provided. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, 49770; 1-800-253-7092, or in Michigan 1-800-632-9650.

SUBURBAN DETROIT Lucrative dermatology opportunity. Five centers all located in exclusive suburban settings. Seeking additional dermatologist. Excellent compensation package including incentives. Contact: Jean Malkasian, 250 Regency Ct., Waukesha, WI 53186, (414)785-6500 collect.

FULL-TIME, PART-TIME AND LOCUM TENENS GPs, PPS and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to, or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City 48708, (517)892-1199.

OBSTETRICIAN/GYNECOLOGIST Marshfield Clinic is seeking a board certified or eligible obstetrician/gynecologist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250-physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Director, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Or you may call collect at (715)387-5498.

GENERAL INTERNAL MEDICINE Marshfield Clinic is seeking a board certified or eligible general internist to join its expanding regional center in Chippewa Falls. Chippewa Falls is a community of 15,000 people located in beautiful west central Wisconsin with a wide range of recreational, educational, and cultural opportunities easily accessible. The center currently includes three internists. The clinic is adjacent to a 110-bed JCAH accredited hospital. Marshfield Clinic is a 250 physician, multi-specialty private group practice offering a very competitive salary and fringe benefit package. Send curriculum vitae and references to: Bob Peterson, Di-

Continued on next page

CLASSIFIEDS/Continued

rector, Regional Centers, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449. Or you may call collect at (715)387-5498.

FAMILY PRACTICE PHYSICIAN BC/BE, wanted to join busy four-man group in beautiful northeastern Michigan on Lake Huron. City/township population of 22,000, service area population 64,000. Exceptional summer and winter recreation are: sailing, scuba diving, boating, fishing, hunting, skiing, golf. Excellent opportunity, salary, benefits, partnership after one year. Contact: William Ray, Director, Medical Arts Clinic, PC, 211 Long Rapids Road, Alpena 49707. (517)354-2142.

INLAND SEACOAST IN BEAUTIFUL NORTHERN MICHIGAN Seeking six family physicians to help staff our satellites in St. Ignace, Rogers City, and Sault Ste. Marie, Michigan. The friendliness and safety of a small town are combined with the full membership benefits of partnership in the largest physician-owned group practices in Michigan. Local hospitals in each city, and instant access when needed to the 90-member, multi-specialty Burns Clinic Medical Center in Petoskey. Good schools and churches. Unexcelled hunting, fishing, skiing, and golf. Guaranteed excellent starting salary, all insurances, and unique full benefits including retirement and profit sharing programs. Send CV to or contact Richard Wakulat, MD, Burns Clinic Medical Center, PC, 560 West Mitchell, Petoskey 49770 (616)348-2360.

INTERNIST, OB/GYN AND GENERAL PRACTICE PHYSICIANS Immediate opening in a busy established practice, located in the thumb of Michigan, about 100 miles from Detroit. Excellent schools, comfortable lifestyle with many opportunities for outdoor recreation. Competitive salary with all practice expenses paid, plus fringe benefits. Shareholder status available after first year. Reply to: Pigeon Clinic, PC, 7293 Michigan Avenue, Pigeon 48755 or call (517)453-3221.

IMMEDIATE OPENING FOR Family Practitioner or Internist. Full or part time. Maybe semi-retired for physicians office in the Southfield, Lathrup area. Call Richard Corey, Administrator (313)557-5155.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/GYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven-doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well-equipped 77-bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guaranteed, paid malpractice, health and disability insurance, vacation and study time. Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

MONROE, MICHIGAN Seeking full-time emergency department physicians for 193-bed hospital located 30 miles south of Detroit. Approximately 23,000 patients seen annually. Must be board-eligible or board-certified in primary specialty or emergency medicine. Excellent compensation and malpractice insurance provided. Benefit package available. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770, 1-800-253-7092 or in Michigan, 1-800-632-9650.

MISCELLANEOUS

HOLTER MONITOR Quality scanning for reel or cassette records by a company in the medical field for over twenty years. Quality reports by qualified technicians and certified cardiologists returned in 24 hours. Recorders loaned, leased or purchase new dual channel holter recorder, $995, with one year warranty. For further information call Advance Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new dual channel (cassette) recorder for as little as $48.00 per month. $35.00 for reports. DCG Interpretation. (313)879-8860.

LEASE HOLTER RECORDERS or other medical equipment. Medical Leasing Company. (313) 879-8860.

PHYSICIAN SIGNATURE LOANS TO $50,000 Up to 7 years to repay. No prepayment penalties. Prompt, courteous service. Competitive fixed rate. Physicians Service Association, Atlanta, GA. Toll-free (800)241-6905.

SOLO GYNECOLOGY PRACTICE FOR SALE This solo gynecology practice has done no obstetrics for ten years. In the past six years (1981 through 1986) actual business was 2.72 million dollars and actual money collected was 2.49 million dollars. Mid-Michigan community with excellent hospital (one), schools, parks, churches, colleges and golf courses. Ann Arbor and East Lansing are nearby. An experienced and superbly qualified team (certified registered nurse practitioner, registered nurse, master word processor and a receptionist) is willing to stay on. Owner will transmit clinical skills and introduce buyer to patients. Please reply to Box 101, Michigan Medicine, PO Box 950, East Lansing 49926-0950.

APPRAISAL SERVICE FOR THE PROFESSIONAL Medical and office equipment for physicians offices, nursing homes, hospitals and clinics. 20 years experience. Business valuations also available. No sales. Call or write Schrader Companies, 1108 S. Water, PO Box 3205, Saginaw 48605. (517) 752-0800.

50% OFF PREVIOUSLY-OWNED MEDICAL laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Medical Equipment Resale and Repair Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

APPRAISALS AVAILABLE by Certified Surgical Consultant; practice sales, retirement, taxes, inventory, divorces. Medical Equipment Resale, Inc. 24026 Haggerty Road, Farmington Hills 48018. (313)477-6880.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback nursing homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group, Inc., (313)548-9900.

OB/GYN PRACTICE: Macomb County. Surgical Practice: Royal Oak. Two Psychiatric Practices: St. Clair Shores and Grand Blanc. Gastroenterology Practice: N. Oakland County. Womens Clinic: Detroit. Internal Medicine: Mason County. For more information call Lydia Sikora, Commonwealth Health Care Group, Inc. (313)548-9900.

APPRAISALS AND EVALUATIONS We specialize in determining the value of practices for any purpose—sale, purchase, buy-in—buy-out. Financial planning, divorce, etc. We also specialize in partnership development and practice analysis. Protect your interests! Call Richard Corey, CMDC, Medical-Dental Management Consultants Corp., 31158 Perrys Crossing, Farmington Hills 48018, Day (313) 661-0888, night (313)661-0404.

PEDIATRICS & ADOLESCENT MEDICINE PRACTICE located in Southfield professional building, close to several busy shopping centers, ample parking, modern, neat, organized, fully-equipped and eye appealing to everyone. Smooth transition, excellent working staff. Call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076

DOCTOR HAS TWO DEVELOPED PRACTICES AVAILABLE one with building, just assume debt. 30-minutes from downtown Grand Rapids, small town atmosphere, neat, organized, fully-equipped, excellent opportunity, competition minimal, terms!! terms!! Call Herbert Silverman, Associate Broker (313)569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076

DOCTOR RETIRING Well-developed practice, established 35 years, located in pleasant residential area— Lincoln Park bus transportation available, fully-equipped and furnished, netting $79,000, great terms, pay for practice out of profits, 2900 sq. ft. building, land contract available, terms!! Call Herbert Silverman, Associate Broker (313)569-7336. Professional practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

MIDLAND, MICHIGAN Unique, urgent-care practice opportunity in a well-established center affiliated with local physicians and hospital. Prefer BC/BE in F.P. or E.M. Attractive salary and benefits. Located in professional, progressive, family-oriented community. Send inquiries and/or C.V. to Midland Physician's Med Center, c/o Rick Drimalla, MD or Margaret Wellman, Manager, 975 S. Sagiaw Road, Midland, MI 48640.

IDEAL STARTER/MERGER OPPORTUNITY Established general practice located in busy Oak Park, 3 exam rooms, lab, x-ray ready plus large neat office area, excellent parking, excellent patient base with constant growth, easy terms, call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, 48076.

LET US MARKET YOUR PRACTICE! We bring buyers and sellers together quickly and at the right price and terms! We also specialize in evaluations, marketing, consulting, negotiations, financing, transition, phase in/phase out. Please call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc., 27208 Southfield Rd., Lathrup Village, MI 48076.

PRACTICES WANTED We have qualified purchases looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

MUST SELL UROLOGY PRACTICE in Western Michigan, Grossing $300,000 plus. Call or write: (313)353-3610 or Michigan Practice Brokerage Corporation, 20300 Civic Center Drive, Suite 230, Southfield, Michigan 48076-4105.

DISCOUNT HOLTER SCANNING SERVICE Scanning starts at $35.00. Space Lab recorders start at $1,275.00. Turn over time is 24-48 hour. Hook up kits available at $4.95. Stress test electrodes available at $.29. Scanning paper available at $18.95. One free test is offered at no obligation on trial basis. Call today at 1-800-248-0153.

THIRD PARTY AUDITS Attention physicians who are facing or currently undergoing a third party utilization audit. If you are interested in sharing your experiences and organizing for the purpose of creating a defense association, reply to Box 110 Michigan Medicine, 120 W. Saginaw, East Lansing, MI 48823-0950. Please state name and address and the best time to be contacted. All inquiries are held in strict confidence.

FOR SALE Well-established, highly-regarded pediatric practice in western Michigan. Gross over $220 K. Excellent growth potential, especially in newborn area. Super Lake Michigan fishing, sailing, boating, excellent schools and family living. Will stay to introduce to insure continuity of practice. Reply to Box 113 Michigan Medicine, 120 W. Saginaw, East Lansing, MI 48823.

PHYSICIANS Practice medicine in a lovely college community in northeastern New York which offers an ideal family environment coupled with a 410-bed regional facility which considers quality care its first priority. Plattsburgh, a city of 38,000, is located on the shores of 110-mile Lake Champlain, which is bordered by the Adirondack Mountains of New York and the Green Mountains of Vermont. Both Montreal and the Olymic-Lake Placid region are within one-hour drive. The Medical Center services a tricounty population of over 160,000. Opportunities are available in the following specialties: cardiology (non-invasive), internal medicine, medical oncology, family practice, vascular surgery, neurology, emergency medicine, gastroenterology, pulmonary disease. Excellent start-up packages are tailored to each physician's needs. For more information, or for a copy of a video which depicts the community and hospital, write to: Hannah Hanford, Director, Physician Search, Box 1656, Plattsburgh, NY 12901, (518)643-2998.

MICHIGAN Emergency department directorships, full-time and part-time opportunities available throughout the state. Rural and urban locations. Guaranteed hourly rate and malpractice insurance provided. Benefit package available. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770, 1-800-253-7092 or in Michigan 1-800-632-9650.

UPPER PENINSULA, WESTERN Seeking full-time emergency department physician for low-volume facility. Attractive weekday schedule. Contact Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770, 1-800-253-7092 or in Michigan 1-800-632-9650.

EMERGENCY ROOM OPENING Suburban Detroit hospital with established patient base has an immediate need for experienced emergency/family medicine physician, internist or general surgeon to staff emergency room/industrial/urgent care clinic with combined annual visits of 32K. Low trauma, low stress, flexible daytime scheduling with coverage, guaranteed hourly rate, and paid malpractice. Contact: Sandy Cundiff. Tyler & Company, 9040 Roswell Road, Atlanta, GA 30350, (404)641-6411.

ORTHOPEDIC, OB/GYN Industrial and family practice doctors needed for a large multi-specialty group practice in suburban metro Detroit area. Excellent opportunity, all replies confidential. Please respond to Box 112, Michigan Medicine, 120 W. Saginaw, East Lansing, MI 48823.

WINTER IN FLORIDA Board-certified internal medicine specialist with interest in diabetes. Charming gulf front community. Start Nov—Dec. Excellent salary. Sarasota, Florida, (813)922-0751.

GRANDVILLE MICHIGAN Office building for lease with option to buy 2,750 square-foot office, will be available in July, 1988. The modern medical building is located in fast growing and affluent suburb of Grand Rapids. Impressive waiting room, X-ray, big lab, three consultation rooms, business office, office manager room, and eight exam rooms. Across from shopping mall, one minute to expressway, ten minutes to major hospitals. Has potential for expansion in adjacent 1,700 square-foot space. Ideal for three aggressive family physicians or internists. Six month free lease and attractive terms to the suitable tenant. Write Dr. Alfred Shihata, 1017 Surrey Dr., Bonita, CA 92002.

LOCUM TENENS Positions available in all specialties throughout the country. Work one to fifty-two weeks while you travel (expenses paid) and enjoy an excellent guaranteed income. Malpractice insurance, housing & transportation provided. Contact: Locum Medical Group, 30100 Chagrin Blvd., Cleveland, Ohio 44124 or call (800)752-5515.

Thanks to our advertisers

Advance Medical & Research	735
AMA Auxiliary	784
American Cancer Society	782
Ayerst	762
Bennethum Computer Systems	756
Blue Cross Blue Shield	753
Burroughs	742-743
Campbell Labs	773
Ciba Geigy	745-746
Family Practice Recert.	775
Health Care Computing Service	778
Kidder Peabody	780
Lab of Clinical Medicine	767
Lilly	740
Manufacturers Bank	749
Marion Laboratories	758, 759, 771, 772
Michigan Health Billing Service	751
Medic Computer Systems	747
MediScene	764
MPMLC	779
MSMS Program to Assist Imp. Phys.	777
Post Grad. Med.	758
PICOM	737
Public Sector Consultants, Inc.	767
Roche	IBC, BC
Stratton Cheeseman	757
Trans Global Tours	765
U-M Medical Center	775
U of M Labs	769
Upjohn	739
U.S. Air Force	765
Warde Medical Laboratory	763

Behold the Child
Danny Thomas, founder
ALSAC
ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Box 3704, Memphis, TN 38103.

Let's talk turkey

By Carl A. Gagliardi, MD

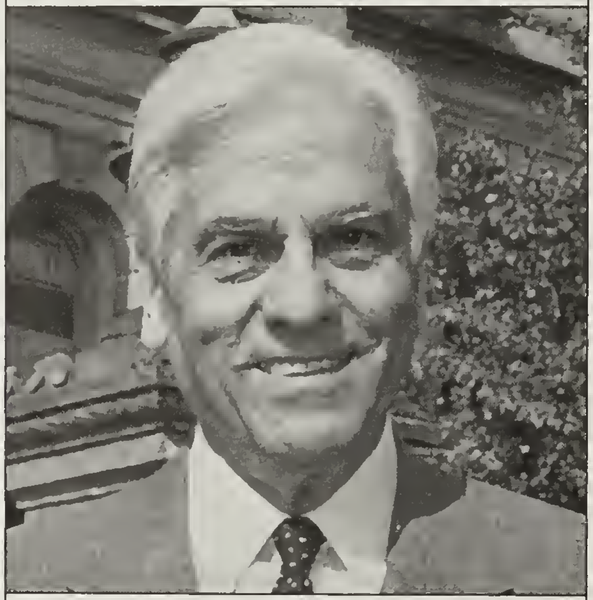
Trial lawyers have been known to exclaim, and with a straight face, too, that the tort system is improving the quality of medical care. Even more incomprehensible is the oft-repeated proclamation that, "All states have the same liability problem, so what are the doctors in Michigan complaining about?"

This kind of mentality might just as readily generate the comment that, "Children are abused and molested in all the 50 states, so why worry if they are abused and molested in Michigan?" Furthermore, we might be led to believe that, "Infants die in all 50 states, so why get worked up over the terrible infant mortality statistics in Michigan?"

Normal, reasoning individuals could not and would not make these latter two statements, lest their sanity be seriously questioned. Yet the former two statements are regularly repeated, and they are equally ridiculous.

The real enemy

The real enemy, a veritable cancer eating away at the best medical care system in the world, is tort liability, which all too often forces physicians and their patients into an adversarial position. Physicians know there are too many frivolous suits, and that maloccurrence is being treated as malpractice. The legal profession argues that everyone is entitled to his or her day in court before a jury. Of course, this is untrue, and the lawyers know it as well as we do. A recent Michigan Supreme Court decision, by a 6-2 margin, stated clearly that the jury system in civil cases is permissive but not absolute. Malpractice cases are civil, not criminal proceedings.


Carl A. Gagliardi, MD

Robert L. Brent, MD, PhD, FAAP, professor of pediatrics, professor of anatomy and radiology, chairman of the Department of Pediatrics, director of the Stein Research Center, Jefferson Medical College in Philadelphia, spoke at a recent conference on "Medical-Legal Issues in Pediatrics."

Doctor Brent said that in 1967 he believed that, "The problem of medical-legal litigation will not be resolved without the active participation of the legal and medical professions and the national and state legislatures."

Now, however, 20 years later, he realizes that, "The law profession has little incentive to change the present tort system, whereas the medical profession is expending much energy and resources in this endeavor."

Finally he added, "I believe that physicians and physician groups are making a tactical error in investing their time and effort in tort reform."

Alternatives needed

These are very cogent thoughts, and we need to pay attention. Professor Robben Fleming, in 1985, came to the same conclusion that we need to look for alternatives to the tort system. Both of these scholars are absolutely correct.

We need to talk turkey with Governor Blanchard and convince him to face up to his own fact-finder's major recommendation. The Governor has demonstrated in the past that he knows how to lead, and this issue certainly deserves his leadership.

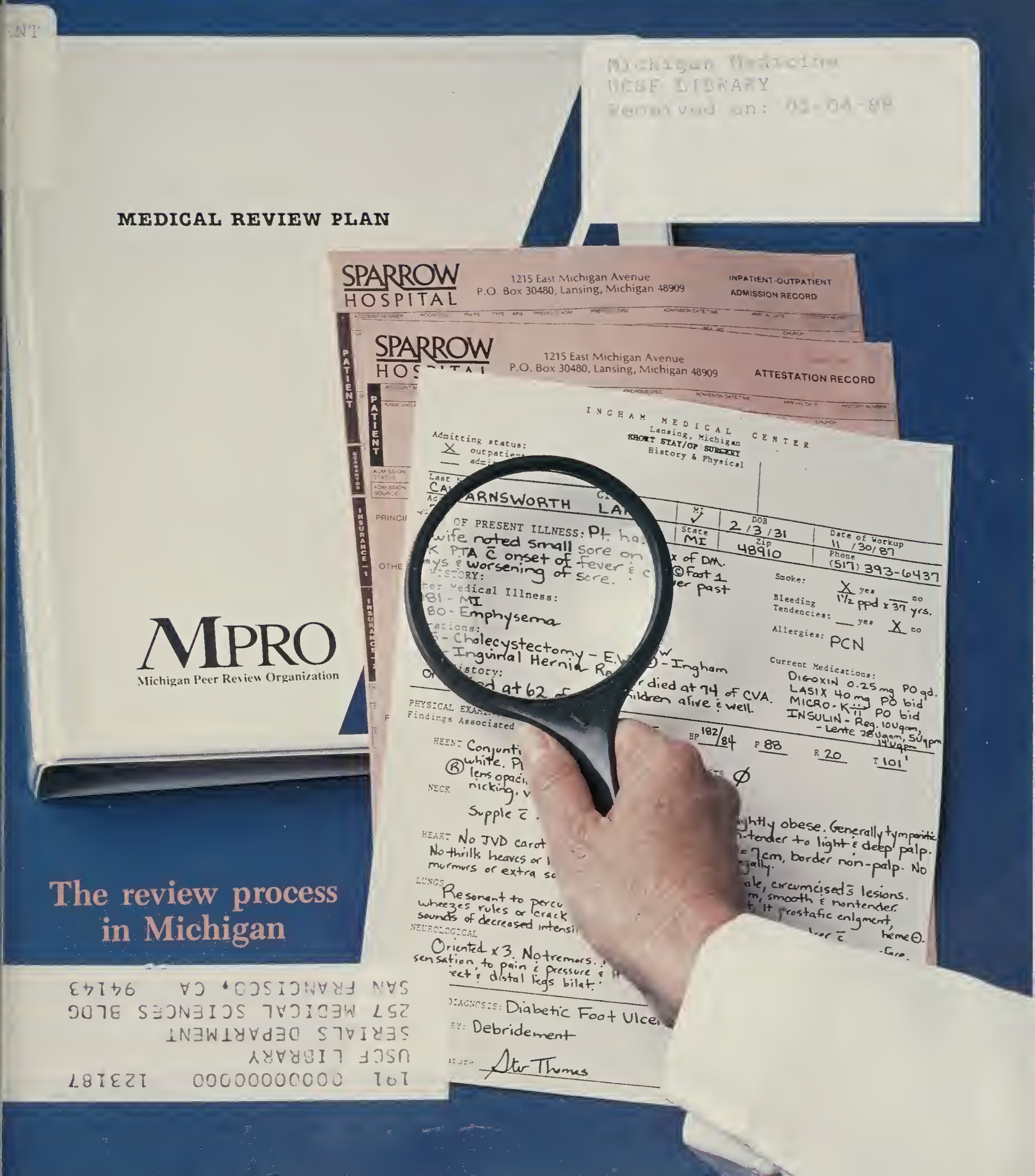
Let's all write — you, your families, your friends, and especially your patients — and let him know how we feel. ☐

Doctor Gagliardi is 1987-88 MSMS president.

MICHIGAN MEDICINE

DECEMBER 1987 AWARD-WINNING JOURNAL OF THE MICHIGAN STATE MEDICAL SOCIETY VOL. 86, NO. 12

Michigan Medicine
UCSF LIBRARY
Received on: 03-04-88


MEDICAL REVIEW PLAN
MPRO
Michigan Peer Review Organization
SPARROW HOSPITAL
1215 East Michigan Avenue
P.O. Box 30480, Lansing, Michigan 48909
INPATIENT-OUTPATIENT ADMISSION RECORD
ATTESTATION RECORD
INGHAM MEDICAL CENTER
Lansing, Michigan
History & Physical
DIAGNOSIS: Diabetic Foot Ulcer
Debridement

The review process in Michigan

101 00000000000 123187
UCSF LIBRARY
SERIALS DEPARTMENT
257 MEDICAL SCIENCES BLDG
SAN FRANCISCO, CA 94143

This magazine is filled with information about Health and Medical Care.

MediScene
Trends in Medical Care
Fall 1986 Vol. No.
vaccines keep kids healthy
Home care elderly
Fighting 'FRAUD'

Pass it on.

Introduce your patients to MediScene, the MSMS quarterly that describes the newest developments in health and medical care in Michigan. The hottest medical topics. The latest issues. All from the physician's viewpoint.

MediScene's articles are written by physicians, like you. And physicians are the primary sources. So, information is always timely, authoritative, and objective. And it's presented in a clear, factual manner, easily understood by the layman.

MediScene is so current and colorful it often gets carried away — by patients who take it home with them. So you'll want to order multiple copies for your waiting room. And, to make that easier, MSMS offers special prices for multiple copies.

Subscribe now, and MSMS will give you an extra issue FREE, with each order. That's 5 quarterly issues of MediScene for the price of 4. Complete this form, and mail it today!

Yes!

Please enter my subscription to MediScene, and send me five issues for the price of four!
Send me ___ subscriptions at $9.95 ea. (1 thru 5 subscriptions), $7.95 ea. (6 thru 10 subscriptions), and $6.95 ea. (11 or more subscriptions). Enclosed is my check for ________.

NAME ____________________
ADDRESS ____________________
CITY ____________________
STATE ____________ ZIP ____________

Specialty
___ office-based (circle one) FP, GP, DO, IM, CD, CDS, GE, A, D, DIA, END, NTR, RHU, ORS, OTO
___ office-based (circle one) OBG, PD, ADL, NPM
___ Other
Number of physicians at my practice ___
Number of employees ___
Average number of patients per week in my practice ___

Please send check and order to: Judy Marr, MSMS, Box 950, East Lansing, MI 48826-0950.

MICHIGAN
MEDICINE

DECEMBER 1987 VOL. 86 NO. 12

Special Report

Few issues in recent years have generated more intense concern among physicians than federally-mandated peer review and its processes. Since the Michigan Peer Review Organization (MPRO) emerged into the health care arena in 1984, physicians have raised many questions about how it operates. To provide a clearer understanding, the MSMS Liaison Committee with MPRO presents this month's special report. Included in the report are the history, procedures and ramifications of MPRO; a look at the future directions of MPRO, by Chief Executive Officer Gary Horvat; a removable reference guide on MPRO operations; plus a list of telephone numbers to call, including those of HCFA, MPRO, MSMS and AMA. 792

Features

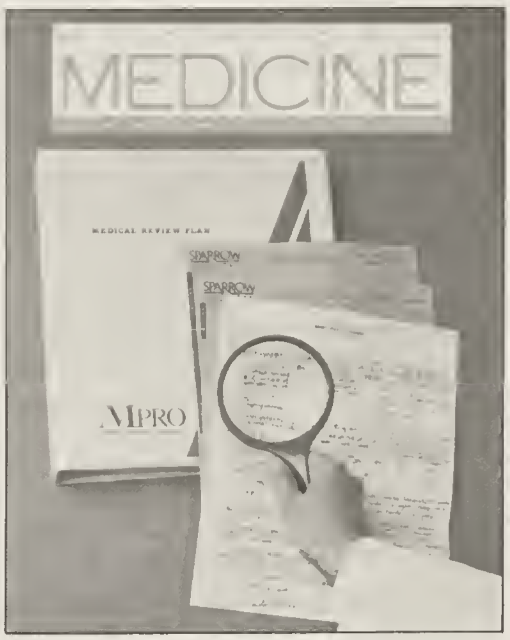
MSMS Leadership Conference highlights
A recap of presentations given at the MSMS Public Affairs Leadership Conference held in October, plus a variety of photographs — By Betty McNerney 805

A year of triumphs and tribulations
Board of Medicine administrator reflects upon Board actions in 1987 — By Thomas J. DeKornfeld, MD 817

Educating doctors about AIDS
MSMS is actively working to keep doctors up-to-date on AIDS — A photo feature 820

Board of Medicine Actions 824

Statement of Ownership, Management and Circulation 826



Departments

In my opinion
Occupational medicine —
By Thomas R. Berglund, MD 790
Letters 791
Deaths 812
Physicians in the news 822
Category I courses 829
Meetings 831
Classified 833
Ad index 835
President's page
A day for learning —
By Carl A. Gagliardi, MD 836

In next month's issue of *Michigan Medicine:* A complete preliminary program of the 27th annual Michigan Conference on Maternal and Perinatal Health to be held March 23-24 at the Amway Grand Plaza Hotel in Grand Rapids.

Cover photo by Kim Kauffman.

Occupational Medicine

By Thomas R. Berglund, MD

Editor's note: MSMS is about to publish a new Disability Duration Guide. The guide—slated for release in January—is intended to help medical professionals, corporate medical directors, insurance companies and employers in Michigan better assess usual appropriate lengths of disability resulting from injury, illness and surgical procedures. In anticipation of the guide's publication by the MSMS Liaison Committee with Corporate Medical Directors, our columnist this month discusses the importance of occupational medicine.

Doctor Berglund is immediate past president of MSMS.

Many of us continue to think of occupational medicine as "th company doctor." You know him, he's the doctor that got tire of night call, wanted to slow down, couldn't make it in privat practice or for some other reason went to work as a salaried physician.

Today's occupational physicians are not like that at all, but are well-trained physicians who specialize in treating employees in the work force. They try very hard to maintain healthy employees. Besides those full-time physicians who work for companies who can afford one, there are many physicians who do part-time occupational medicine.

All of us practice occupational medicine to some degree—the surgeon who repairs the work-related hernia, the neurosurgeon who operates on the "disk" acquired on the job, the dermatologist who treats the dermatitis contracted from a chemical work, the pulmonologist treatin the employee with asbestosis. could go on and on.

Industry is beginning to as more of the medical professior Companies must comply with th Occupational Safety and Healt Act (OSHA). Lawsuits also hav played a part in forcing companies not to allow some dangerou and preventable practices to continue.

We in the medical professio will be called upon to aid industry in all sorts of last-tim

Continued on page 82

Michigan State Medical Society
William E. Madigan,
Executive Director

Committee on Publications
Henry A. Domzalski, MD,
Detroit, chairman
Thomas R. Berglund, MD,
Portage
James L. Fenton, MD, Bay City
John W. Hall, MD, Petoskey
Leland E. Holly, MD, Muskegon
Kenneth E. Rowe, MD, Hancock
Marguerite Shearer, MD, Dexter

Editor
Judith Marr

Managing Editor
Betty J. McNerney

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information for Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of *Michigan Medicine* and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editors nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. *Michigan Medicine* reserves the right to accept or reject advertising copy. Products and services advertised in *Michigan Medicine* are neither endorsed nor warranted by MSMS.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. Published once each month, 12 issues, by the Michigan State Medical Society as its official journal. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $40.00; single copies, $1.50. Additional postage: Canada, $1 per year; Pan-American Union, $2.50 per year; Foreign, $2.50 per year. Printed in USA. All communications relative to articles, news, exchanges and advertising should be addressed to Judy Marr and address changes to Peg Berry, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351.

© 1987 Michigan State Medical Society

Ownership is too the villain

Doctor Hall argued with great ncerity (in the October issue) hat lab ownership "is not the illain." "Overuse and inappropriate testing are the problems," he wrote.

His solutions are legislative elief and heightened efforts toward meaningful peer review. He must realize that peer review is a oke. There is no peer review of what is done in physicians' offices (including my own).

When, as president of the Oak-and County Medical Society, I established a committee to formulate ethical guidelines for the provision of laboratory services in physicians' offices, the resulting ecommendations were shouted down at a meeting of the Society; t was clear that no one wanted even ethical guidelines, let alone peer review.

At that time, the suggestion hat "if we don't clean our house, someone will clean it for us," was greeted with derision.

We are now reaping the results of our unrestrained self-interest. We are headed not only for total divestiture but for denial of the right to perform laboratory services at all, as is now the case for medical patients and for hourly-rated employees for Ford and Chrysler.

Doctor Hall misrepresents the issue in his theoretical case. For the patient in extremis, the doctor could do the necessary studies even if he didn't get paid. This is something the average doctor may face once a year or less in an ambulatory setting. The problem is in the millions upon millions of dollars that are wasted in unnecessary laboratory testing for which the motivation is predominantly profit.

A good case can be made for requiring that all in vitro laboratory studies be performed in chartered commercial laboratories functioning much as the electric utilities function with regulated rates. The laboratories could then compete for physician business on the basis of the quality of the work and service that they provide. If necessary, physicians could make up for the lost income by high charges for cognitive services.

It is unfortunate that the abuses of a small proportion of physicians will lead to loss of privileges for all of us, but we have nobody to thank for this other than our leadership at the County and State Medical Society levels.

Joel I. Hamburger, MD
Southfield

U-M health program seeking recruits

The University of Michigan's non-residential doctoral degree program in health policy is now recruiting for its third class, scheduled to begin in Fall, 1988.

The Pew Doctoral Program was established in 1984, with support from the Pew Memorial Trust, to address the needs of employed health policy professionals who are interested in doctoral education, but are unable to return to campus fulltime. The Program is designed for successful practitioners working in the health care field who already have prior graduate education, and who wish to prepare themselves for positions of substantial influence in health care policy or delivery. The program's aim is to encourage the dialogue between scholar and practitioner, and to address the concrete concerns of policymakers with advanced academic tools.

The curriculum includes doctoral level courses in biostatistics, epidemiology, research and evaluation methods, health economics, health politics, organizational behavior, medical care organization, legal issues in health policy, and case-oriented seminars which apply interdisciplinary perspectives to policy issues.

Anyone interested in the program should contact David Perlman, MPH program manager, M3031 School of Public Health II, The University of Michigan, Ann Arbor 48109-2029.

Gertrude Findley-Lindy
Coordinator,
Admissions & Student Services
U-M School of Public Health
Ann Arbor

Here's what you should know about the Michigan Peer Review Organization

By Tom Williams

This report answers your MPRO questions

Marguerite Shearer, MD
Chairman, MPRO Liaison Committee

Doctor Shearer

One of the newer entrants into the area of health care regulation is the Michigan Peer Review Organization (MPRO).

Since the federal Health Care Financing Organization contracted with MPRO in 1984 to review Medicare charts for compliance with federal standards, Michigan physicians have raised many questions about MPRO operations.

The MPRO processes which result in denial of payments to physicians, and other such sanctions, have caused much controversy in Michigan medical circles.

To help bring order and direction to the debates, the MSMS Liaison Committee with MPRO presents this month's special report. The bulk of the special report is written by MSMS legal counsel, and describes the history, procedures and ramifications of MPRO. MPRO Chief Executive Officer Gary Horvat takes a look at future directions of the organization.

Another special feature of this issue is a removable reference guide for you, the MSMS member. This guide is printed on heavy stock, immediately following the special report. It includes a summary of MPRO enforcement mechanisms, denial processes and issues and sanction and intervention issues.

Also included is a check-off list of your available responses to adverse actions, and HCFA, MPRO, MSMS and AMA telephone numbers to call.

The liaison committee intends that these features will answer some of your questions and get you help when you need it. Further coverage of MPRO developments will follow in subsequent issues of *Michigan Medicine*.

Members of the committee are Joseph A. Arena, MD, Birmingham; Gerhard C. Endler, MD, Grosse Pointe Woods; Peter E. Fujiwara, MD, Bay City; Jack Hunt, MD, Kalamazoo; Robert E. James Jr., MD, Flint; Donald H. Kuiper, MD, Lansing; Gary D. Maynard, MD, Kalamazoo; Marsha R. Milburn, MD, Lansing; Richard D. Nichols, MD, Detroit, Robert C. Packer, MD, Muskegon, and Gordon F. Van Otteren, MD, Grand Rapids. ☐

Few issues in recent years ha
generated more intense conce
among physicians than peer r
view, which is mandated und
the federal Medicare Progra
Despite this concern, many ph
sicians understand neither t
procedures nor the ramificatio
of the peer review system.

Peer Review Organizatio
(PROs) were established by Co
gress in 1982 by the Tax Equit
and Fiscal Responsibility A
(TEFRA), which amended po
tions of the Social Security A
pertaining to Medicare and r
placed the Professional Standar
Review Organizations Progra
which had been enacted in 197
The primary emphasis of TEFR
was upon utilization manage
ment and cost containment whil
assuring quality of patient car
under the Medicare Program.

As a result of TEFRA, 54 PR
have been established nationwid
and are operating under two-yea
contracts with the Health Car
Financing Administratio
(HCFA). Each PRO negotiate
individual contract objective
within national parameters an
the PRO is held accountable t
HCFA for meeting its objectives

The implementation of pee
review has, in part, been in re
sponse to the Prospective Pay
ment System (PPS) whic

Mr. Williams is associated with Kerr, Russel
Weber, Detroit, MSMS legal counsel.

anged the method of Medicare yments to hospitals from cost imbursement to prospective yment. PPS is based upon nanal average-weighted costs of eating illnesses according to rious diagnostic-related groups RGs).

The change to PPR has ineased incentives to hospitals for creased admissions and early ischarges. As a result, many bservers feared a potential for ecreased quality in patient care.

Under the Sixth Omnibus Budet Reconciliation Act (SOBRA), assed in October 1986, Congress ave PROs an extended scope of eview of patient care across a ntinuum including in-patient ospitalization, skilled nursing cilities, home health agencies, mbulatory surgery centers, hosital out-patient departments, nd physicians' offices. In addion, SOBRA provides for conumer representation on PRO oards and expanded quality reiew authority extending to ealth maintenance organizaions.

Congress has imposed four priary objectives, or obligations, n all PROs:

(1) The elimination of unnecesary medical care;

(2) The elimination of substanard care;

(3) Provision of care in the owest cost setting consistent with ppropriate care; and

(4) The elimination of imroper billing for Medicare serices. While these standard obliations are applied to all PROs, there is some variation in the means by which the obligations are to be met and in the sanctions which may be imposed upon a PRO if it fails to meet its obligations within its contract period.

The Michigan Peer Review Organization (MPRO) is a physician-sponsored, non-profit organization with 2,000 MD and DO members. Presently, fewer than 100 physicians are paid on an hourly basis to review cases and perform certain other MPRO functions. Headquartered in Plymouth, MPRO is governed by a board of 17 physicians and one hospital administrator. At present, MPRO reviews medical records of 26 percent of all Medicare hospital admissions in this state, representing approximately 100,000 annual admissions.

> **"At present, MPRO reviews medical records of 26 percent of all Medicare hospital admissions in this state, representing approximately 100,000 annual admissions."**

Selection of cases for review

PROs are required to use particular criteria in selecting cases for review. Certain types of cases are more likely to be reviewed than others. In general, the following constitutes the MPRO review selection process:

(1) Three (3%) percent random sample of all Medicare hospital admissions.

(2) One hundred (100%) percent pre-admission review for five high-cost/high-volume procedures including pacemaker implantation, dilation and curettage, inguinal hernia repair, carpal tunnel release, and cardiac catheterization (elective or urgent emergent).

(3) One hundred (100%) percent review of transfers to other hospitals and a percentage of transfers to facilities which do not involve DRGs.

(4) One hundred (100%) percent review of readmissions on the basis of the same DRG and readmissions for medical treatment related to surgery within a period of 15 days following surgery.

(5) Random fifty (50%) percent samples of day and cost outliers.

(6) One hundred (100%) percent review of cases in which hospitals issued denial notices to beneficiaries.

(7) All Medicare cases under review for other reasons, including automatic review of certain DRGs selected by HCFA (presently DRG 88, 462 and 468) and review of cases submitted to MPRO by the fiscal intermediary, Blue Cross/Blue Shield of Michigan.

(8) Quality review utilizing

Continued on next page

certain Generic Quality Screens developed by HCFA.

(9) All written requests for review or complaints by patients.

Screening Procedures and Notice of Denial

The following is an overview of the MPRO screening and determination process. The first phase is an initial review of the case by an MPRO review coordinator who is usually a registered nurse. Unless the review coordinator makes a specific recommendation, no further action is taken.

If a further review is required, an MPRO physician advisor reviews the case. If denial of payment appears appropriate, a predenial notice is given to the physician and/or hospital permitting them to provide additional written information or to discuss the case with the physician reviewer. Generally there is a fifty percent non-response at this level.

Notice of and reasons for an initial denial determination are sent to the patient, physician, hospital, and fiscal intermediary. If the hospital or physician makes a written request for a redetermination within 60 days of the initial denial, MPRO will reconsider the matter. The physician or hospital has the right to examine all material upon which the denial was made.

At present, MPRO's policy is to charge for copies of records, but this policy has faced court challenges in other states. The physician is given the right to submit new evidence to MPRO, and MPRO must render a decision in writing regarding a redetermination within 30 working days. The physician does not have the right to appeal the redetermination of a denial.

MPRO statewide denial rates 1985-1986 by quarter

	# Cases Reviewed	# Denied	# Reversed	Net Denials	Denial %
1st Quarter 1985	34709	3547	542	3005	8.65%
2nd Quarter 1985	37022	3368	696	2672	7.21%
3rd Quarter 1985	20866	2492	490	2002	6.48%
4th Quarter 1985	24990	1538	308	1230	4.92%
1st Quarter 1986	20351	1042	220	820	4.03%
2nd Quarter 1986*	13431	698	149	549	4.08%
3rd Quarter 1986*	13566	515	112	403	2.97%
4th Quarter 1986*	12891	404	65	339	2.62%

*The total number of cases reviewed for each of the final three quarters of 1986 is significantl lower than preceding quarters due to lag time in receipt of paid claim information and becaus reviews in progress are not contained in MPRO's figures.

There are certain advantages to having the affected Medicare beneficiary, rather than the physician, request reconsideration. First, a beneficiary is entitled to an expedited review, and, unlike a physician, the beneficiary has a right to further review beyond MPRO.

If the denial of payment involves $200 or more, the beneficiary is entitled to a hearing before an administrative law judge. If the denial involves more than $2,000, the beneficiary has the right to review in United States District Court following the exhaustion of his administrative remedies.

Methods of enforcement

If MPRO determines that care was unnecessary or substandard or that equivalent care could have been provided in a less expensive setting, MPRO has a variety of enforcement and intervention mechanisms at its disposal.

MPRO may engage in an intensified review of all, or a proportion of, a provider's cases with feedback to the provider for purposes of education. MPRO also has the authority to change a DRG assigned to a case, which could result in a lower level of reimbursement.

MPRO is further authorized to report serious problems directly to HCFA or to the Office of Inspector General (OIG) for follow-up action including prosecution.

The most serious and far-reaching enforcement mechanisms, of course, are denial of payment and sanctions.

MPRO may deny Medicare ayment when it determines that re was unnecessary or substanard or was not provided in the ost economical setting. If payent has not yet been made, it denied. If payment has been ade, it is recouped as an overayment.

At present, less than 0.5 perent of cases reviewed in Michian have been medically unnecssary. Approximately 9 percent f cases reviewed have been deied because MPRO has found at care could have been delivred in a more economical setng.

The percentage of denials ased on substandard care is not et available since this provision ecame effective in early 1987 rough the Comprehensive Omibus Budget Reconciliation Act COBRA).

anctions and appeals

The most potent enforcement echanism is the sanction proess, which may take the form of onetary fines or permanent or emporary exclusions from the edicare program.

Although serious sanctions are elatively rare, more than 30 acions against Michigan physicians nd hospitals are currently pendng.

Like denial of payment, sancions may be imposed for failure o provide care which is medially necessary, economical or in he least expensive setting, and which fails to meet profesionally-recognized standards of health care. Sanctions may also be imposed for failure to document medical necessity and quality in a fashion required by MPRO.

Sanctions may be imposed where there has been a "substantial violation" in a substantial number of cases. Thus far, it is up to the PRO to determine the meaning of "substantial," and HCFA has provided no guidelines.

> **"Although serious sanctions are relatively rare, more than 30 actions against Michigan physicians and hospitals are currently pending."**

Sanctions may also be imposed for "gross and flagrant" violations where a patient is placed in imminent danger or unnecessarily high risk. The ultimate patient outcome is not determinative.

In the sanctions process, the first step is the identification by MPRO of a violation which is substantial or gross and flagrant. In the case of a substantial violation, MPRO must send the physician or hospital written notice which contains information concerning the obligation violated and the sanction to be imposed, a summary of information which warrants the basis of determination, and an invitation to submit additional information and/or discuss the matter within 20 days of receipt of notice. MPRO may also recommend a corrective action plan.

In the case of a gross and flagrant violation, the physician is sent a copy of all materials used by MPRO in determining the violation and the physician is invited to submit additional information. The physician has thirty, rather than twenty, days to respond.

MPRO also sends to the OIG written notice of the confirmation of either a substantial or a gross and flagrant violation. Written notice must contain: identification of the violator and the type of health care services involved; a description of each violation; copy of relevant documentary evidence, including medical records; a response to any rebuttal information which was submitted; professional qualifications of the PRO reviewers; and the level of violation and the recommended sanction.

The sanctionee has 30 days to submit rebuttal information to the OIG. No extensions are permitted. The OIG reviews the materials and may affirm, modify or reverse the PRO. If a fine is recommended by the PRO, in the event the OIG takes no action within 120 days of referral by the PRO, the fine is automatically imposed. Further, exclusion may also become automatic within 120 days following the 30-day appeal period in the event of no OIG action.

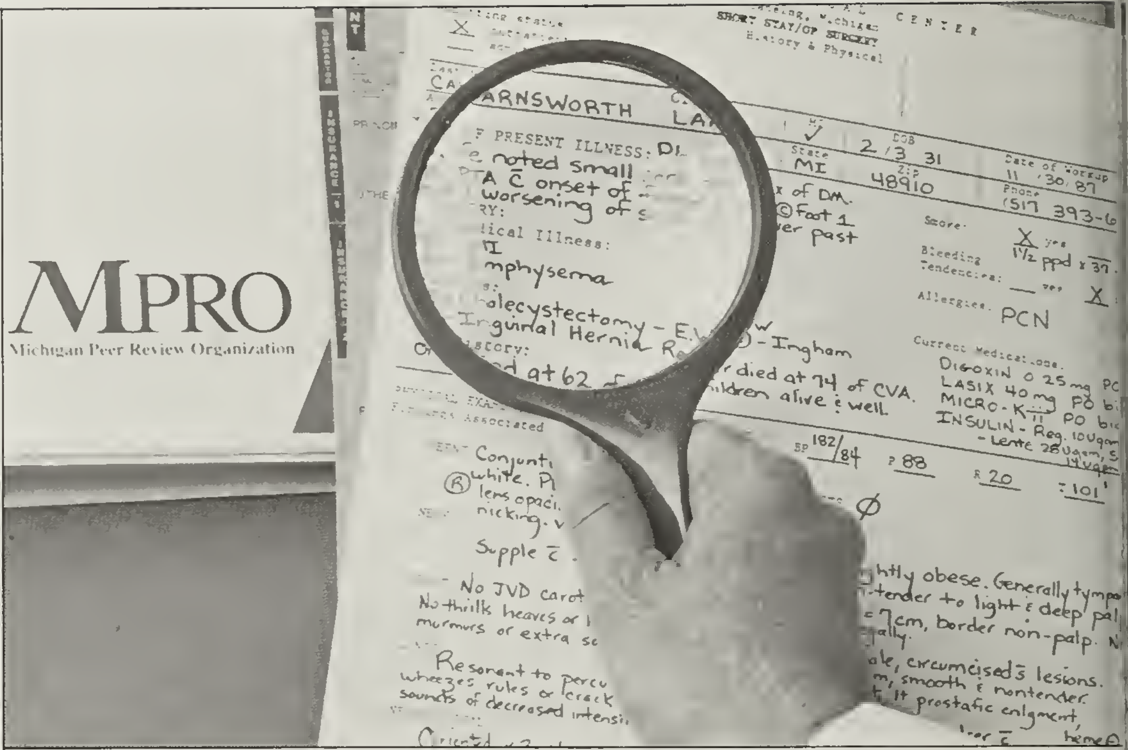
Continued on next page

Following the imposition of a sanction, it continues in effect until it is overturned. Within 60 days of an OIG determination, a physician can request a hearing before an administrative law judge and may also seek judical review after exhaustion of administrative remedies.

Both MPRO and HCFA are granted immunity from suit pursuant to statute. A recent Eighth Circuit Court of Appeals case granted a PRO, its physician reviewers and HCFA absolute immunity from suit by a physician upon whom sanctions were imposed by HCFA but which were later reversed by an administrative law judge.

Furthermore, under the Health Care Quality Improvement Act of 1986, PROs are granted federal antitrust immunity effective Nov. 14, 1986, for "good faith" peer review, provided specific appeals and other due process procedures were followed to protect the Medicare provider under investigation.

Such peer review activities must be taken "in the reasonable belief that the action was in furtherance of quality health care." In addition, certain mandatory reporting requirements must be met by hospitals, medical boards and other groups involved in the peer review.



Between the fall of 1984 and March 1987, 34 physicians have been excluded from the Medicare program and 17 fines have been imposed upon physicians.

Communications from MPRO

In general, if a physician receives a communication from MPRO proposing either sanctions or intent to deny payment, the physician should take the communication very seriously and respond promptly. It is recommended that legal counsel be consulted immediately so that the physician's rights can be analyzed and properly protected.

Issues and concerns

Physicians have raised numerous issues and concerns related to MPRO, some of which do and do not present potential solutions. One of the more serious concerns is notification of patients by MPRO of quality of care denials.

Under current law, PROs must notify the Medicare beneficiary when reimbursement is denied and must indicate to the patient that denial is due to inappropriate quality of care. This would appear to be an open invitation to the patient to file a malpractice action. The only practical solution to this potential dilemma is to delete this notification requirement from the statute; further lobbying will be required to bring this about. Initial indications are promising that HCFA would support repeal of this provision.

A second concern to physicians is the statutorily required anonymity of physicians performing MPRO reviews. The PRO statute permits the MPRO physician reviewer to waive this anonymity provision, however.

Another general concern is communication difficulties between MPRO and physicians. For financial reasons, MPRO has not attempted to communicate program changes directly to physicians. Instead, MPRO communicates with hospitals which are pected in turn to inform their aff physicians of program anges. This has resulted in idespread confusion about PRO operations and resulting hysician animosity which is mis- irected at hospitals for enforc- g unknown MPRO criteria.

It is important that MPRO de- elop mechanisms to communi- ate program changes and expec- ations directly to physicians ather than solely to hospitals or eneficiaries. Some form of liai- n between the MSMS and PRO might assure streamlining f channels of communication rough county medical societies, ate and local physician organi- ations, and state and district ospital organizations.

An additional issue is access to formation by MPRO and in- reased disclosure of confidential formation. Under COBRA and OBRA, MPRO has been granted ore access to data than under he former PSRO program.

MPRO has the statutory right inspect records and facilities of ractitioners and providers sub- ect to review and can obtain edicare records of fiscal inter- ediaries as necessary to perform ts responsibilities.

In addition, MPRO must dis- lose certain confidential infor- nation—information identifying patient, practitioner or re- iewer, sanction recommenda- ions or reports, and MPRO de- iberations—to a patient or his epresentative, investigative or icensing agencies.

Also, non-confidential information must be disclosed on request to anyone, and such disclosure may include interpretations and generalizations about quality of care that identify a particular institution.

Despite specific guidelines protecting confidential physician-patient information, the scope of MPRO review is so wide that the potential for improper dissemination of highly confidential and sensitive information is great.

State and local physician and hospital groups should actively oversee the implementation of MPRO responses to requests for information, with the possibility of sanctions imposed for improper dissemination by MPRO or third parties.

Conclusion

Despite the many concerns raised by peer review under Medicare, it appears to be an institution which is here to stay. Congress has shown an increasing willingness to expand the authority and scope of review of PROs. Further, both Congress and HCFA appear convinced at present that the program is cost effective.

Although continuing lobbying efforts are in place to enact legislation and regulations more responsive to physician needs, physicians can nonetheless learn to live with peer review through increased knowledge and by taking the system seriously. □

From One of the Oldest Medical Computer Companies in Michigan

COMPLETE MEDICAL OFFICE COMPUTER DESIGNED FOR MICHIGAN PHYSICIANS STARTING AT

$6600

Includes

- IBM PC2 Series 30 computer
- Program with 90-day money back guarantee
- Training and unlimited assistance for one year

Call or Write Today

Bennethum Computer Systems, Inc.
Suite 310
7125 Orchard Lake Rd.
West Bloomfield, MI
48033
313/851-3058

— Since 1968 —

Future Directions of MPRO

By Gary G. Horvat

Peer Review Organizations (PROs) are now concluding their second two-year contract with the Health Care Financing Administration (HCFA). As each PRO begins to work toward another contract, organized medicine and the provider community must recognize the national policy objectives which drive and formulate the structure of the program.

From our vantage point, we see persistent patchwork implementation of the peer review program to address systemic problems within the health care delivery system.

The peer review program will grow year by year as Congress works its way to a consensus on how this county should best deliver health care in the 21st century, but in the meantime requires an outside agency to monitor health care utilization and quality. Within this dynamic restructuring, the following themes become increasingly apparent:

(1) The PRO program will be stabilized during the next few years which, in terms of inpatient review at least, means the PRO will review roughly the same number of hospital admissions, utilizing roughly the same criteria and standards, and selecting roughly the same records for review. HCFA believes that physicians and providers need a period of stability to adjust to the changes which have already occurred.

Horvat

(2) The next few years will also be a period of isolated testing as both HCFA and PROs look for ways to make the peer review process work better. This experimentation cuts at the very heart of peer review theory as the development of national standards and the actual methods of conducting review are reevaluated.

(3) The PRO program will gradually increase in size. Review obligations will be extended to all sectors of the health delivery system with the exception of the physician's office, which will maintain its sanctity at least during the next several years.

(4) Congressional concern with the erosion of the quality of care will ensure that a substantial portion of PRO activity includes the review of the quality of services provided to Medicare beneficiaries. The PRO program, however, must continue to demonstrate a favorable cost-benefit, for without a net savings to the Medicare program, PROs will lose any support they have managed to obtain within the administrative branch.

We appreciate the difficulty physicians have in distinquishing between the PRO and the HCFA. The former carries out the policy of the latter. As a contractor, PROs do not have the liberty to pick and choose which regulations or which parts of the public law they care to implement, and have rarely had the opportunity to input into the development of those laws and policies. National health care policy is established by Congress and the President; it is codified by HCFA and carried out by the PRO.

If practicing physicians have trouble discerning between the PRO and HCFA, they may have greater difficulty differentiating between the PRO and internal hospital utilization practices.

Our suggestions to the provider community are very simple. Accept the fact that PRO (though not necessarily MPRO) will increasingly involve itself in your delivery of medical care during the next five to seven years. The PRO will not make national policy, but will carry out such national policy to the best of its ability. The individual medical decisions which remain within the province of the PRO will only be as good as the physicians who contribute their time, talent and innovation. ☐

Mr. Horvat is chief executive officer of the Michigan Peer Review Organization.

How More Than 3000 Doctors Have Eased The Pain Of Managing A Practice.

If your practice is like a lot of others, you often spend more time on office problems than on the health problems of your patients.

Our one easy-to-use, fully-integrated computer system can take care of billing, provide financial updates, help you market your practice. And give you more time to do what you went to medical school for.

"We've found that Medic saves us many hours of paperwork every week. A couple of hours of work is down to 15 minutes."
Jeanine Mielke, office manager, Hahn, Hoard & Taub, M.D., P.A., Boca Raton, Florida

This urology practice uses Medic Computer Systems to electronically transmit many Medicare claims every day. A job that once took a large part of the business day is now done in minutes. And that's only one of the ways that Medic saves time on paperwork.

"It's helped our cash flow tremendously."
Mike Griga, general manager of Mayfield Neurological Institute, Cincinnati, Ohio

Changing the billing system from once a month to once a week is just one way Medic has improved the bottom line of the nation's largest neurosurgery group.

"Any time we've had a problem, Medic has been immediately responsive. They bend over backwards to suit their customers. It's the best money we have ever spent."
Wynne Vaughan, office manager, Capital Pediatric and Adolescent Center, P.A., Raleigh, North Carolina

We'll do whatever it takes to keep your system working. Day or night. We have a toll-free STAT line to handle questions and problems. And there's a STAT PLUS line from our support center to your system for software updates and diagnoses.

"Our practice has doubled and we have not had to add additional billing personnel. Medic has been able to handle whatever we've asked of it."
Nancy Psimas, office coordinator, Portsmouth Orthopaedic Associates, Portsmouth, Virginia

The Medic system can ease the process of sending statements and reduce the number of uncollected bills. Plus, our easy-to-understand printouts help you keep better track of your financial condition.

"Medic's extensive training program for our staff made it easy to introduce the system. We recommend it highly."
Tessa Horne, administrator, Morgantown Ear, Nose & Throat Clinic, Morgantown, West Virginia

"We love the training program. And the updates they do really help," Ms. Horne said. When a practice brings in over 200 patients a day as this one does, the business office has to run smoothly. "Medic does everything we need. It's great."

So if you want to increase the efficiency, productivity and profitability of your practice, take a look at the Medic Computer System.

Over 3000 physicians in more than 800 practices throughout the U.S. are calling it a minor medical miracle.

m medic
computer systems

8601 Six Forks Road, Suite 300
Raleigh, North Carolina 27615
Telephone Toll-Free: 1-800-334-8534
In North Carolina Call: 919-847-8102

Other Offices: Orlando, Ann Arbor, Chicago, Cincinnati, Pittsburgh, Richmond, Atlanta

Sometimes you just can't operate alone.

When it comes to saving lives, teamwork becomes not only desirable; it becomes necessary.

In an operating room, in an emergency room, in consultation with other physicians, teamwork helps you do your job to the best of your ability.

The American Medical Association and your state and county medical societies believe in the value of teamwork — and the necessity of it, in the face of an increasingly complex professional environment.

We also believe that medical societies have certain tasks that the individual physician couldn't possibly assume — and shouldn't have to.

For example, to keep government regulations from interfering with your practice, we effectively represent your interests at local and national levels.

To influence policies of organized medicine with which you disagree, we provide the means to have your views heard and respected.

And to keep you up to date on the latest medical advances, we publish JAMA, AM News, specialty, state, and county journals.

In fact, for all the times you can't operate alone, your medical societies will be there. Working with you to defend your rights and protect your freedoms.

Join Your Medical Societies Today.

For more information, contact your county or state medical societies, or call the AMA collect at 312/751-6196. Or return the coupon below to your state or county medical society.

☐ Please send me information on AMA, county, and state society membership.

☐ I am a member of my county and state societies; please send me information on joining the AMA.

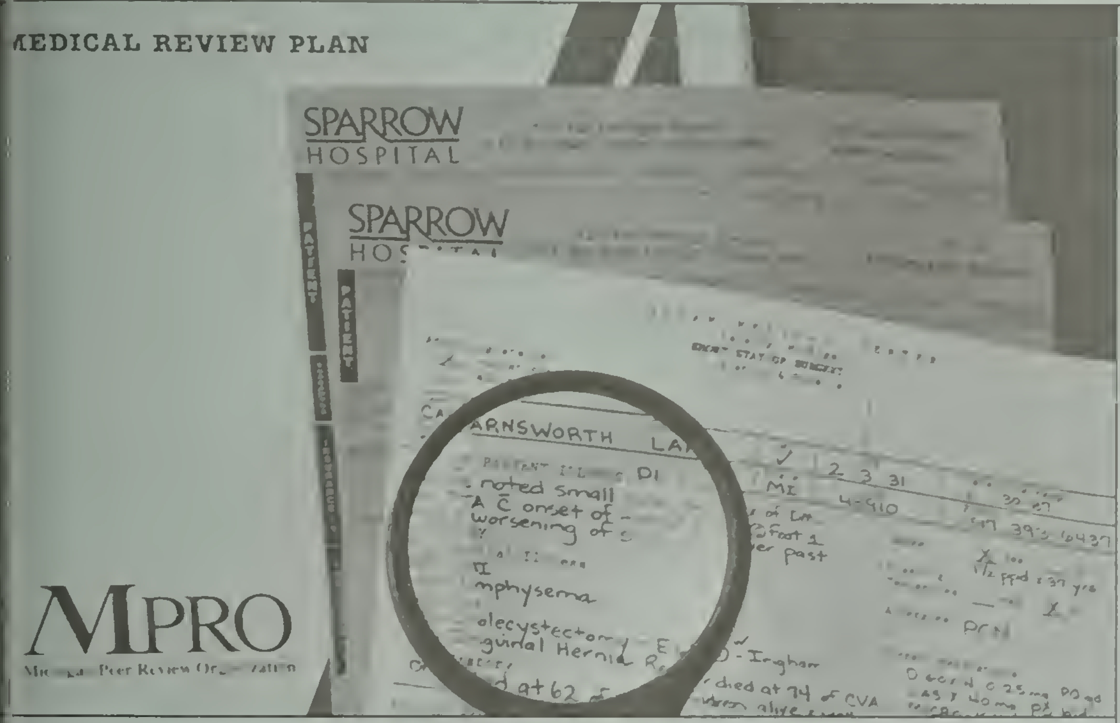
Name ______

Street ______

City ______ State ______ Zip ______

County ______

A guide to MPRO



Third parties' reviews of physicians' judgements increasingly affect the practice of medicine. Government, insurers, hospitals and an array of alternative delivery systems impose restrictions and regulations upon physicians' decision-making.

The largest, and most controversial, effort of this nature is the federal government's peer review organization (PRO) program.

In Michigan, the Federal Health Care Financing Administration (HCFA) contracts with the Michigan Peer Review Organization (MPRO) to review Medicare charts for compliance with federal standards and to perform related administrative functions of the PRO program.

The scope and nature of MPRO's activities make it essential that physicians understand how the review system operates and how to respond. MSMS presents this special section to provide background information and to serve as a resource to physicians.

MSMS monitors MPRO activities and requests that physicians contact MSMS with any problems or concerns. Also, MSMS can provide advice and assistance to members in dealing with MPRO. Letters should be addressed to:

MSMS/PRO Liaison Committee
120 W. Saginaw St.
East Lansing, MI 48823
(517) 337-1351

The AMA also requests physicians to write about any concerns or problems with peer review activities. Letters (please send copies of all correspondence to MSMS also) should be addressed to:

American Medical Association
PRO Monitoring Project
Dept. of Health Care Review
535 N. Dearborn
Chicago, IL 60610

An MPRO sketch

MPRO reviews in excess of 100,000 Medicare cases a year, about one-fourth of the total in Michigan. MPRO is a physician-sponsored peer review organization. Any active physician may join. Current membership is around 2,000 MDs and DOs. The MPRO board consists of 18 physicians, one hospital administrator and two consumer representatives. MPRO reviews charts pursuant to rules and regulations promulgated and administered by HCFA.

To contact MPRO directly, call or write:

Michigan Peer Review
Organization
40500 Ann Arbor Road, Suite 200
Plymouth, MI 48179
(313) 459-0900
Richard Burney, MD—President
Gary Horvat—CEO

To contact HCFA directly, call or write:

Chester C. Stroyny,
Acting Regional Administrator
Health Care Financing
Administration
Region 5
175 West Jackson Blvd.
Chicago, IL 60604
(312) 353-8057

Enforcement Mechanisms

MPRO's primary responsibility is to review patient charts to monitor compliance with federal reimbursement and quality guidelines for the Medicare program. MPRO has two mechanisms for enforcing compliance:

(1) Denial of payment—Payment for care may be denied if care is deemed unnecessary, was not delivered in the most cost-effective fashion (without negatively affecting quality), is not properly documented, or is not a covered Medicare benefit. To date, denial of reimbursement has affected mostly hospital payments. But, beginning in 1988, physicians will not be reimbursed for what is considered substandard or medically unnecessary care.

Although initial review of a case is usually done by an RN Review Coordinator, denial of reimbursement in any case is made only after review of the case by a physician. Currently reimbursement is ultimately denied in about 3 percent of cases reviewed. This is down considerably from a 9 percent denial rate of a year ago.

(2) Corrective actions and sanctions—If MPRO finds a substantial number of small violations of federal rules and regulations, or if it believes a physician has committed a single "gross and flagrant" violation, it may sanction a physician. A sanction may entail a permanent or temporary exclusion from the Medicare program.

Resources available

MSMS receives copies of PRO reference materials, including HCFA transmittals, and MPRO Medical Review letters and manuals. MPRO's Medical Review Plan contains detailed information on how cases are selected for review, screening criteria, the review methodology and MPRO objectives and procedures. To receive a copy of MPRO's Medical Review Plan, contact MPRO. Contact MSMS if you are unable to obtain a copy or if you are seeking other information about peer review in general.

For lesser actions, minor or fewer violations, MPRO may impose corrective actions such as an educational program and/or focused review of a physician's charts for a specified period. Serious sanctions are rare; only one case of a physician being excluded from Medicare has occurred in three years in Michigan.

Denial process and issues

The first step in a denial is a pre-denial notice. If you receive such a notice, take it seriously. Multiple denials may be used as the basis for sanctions or corrective actions. The hospital and the patient involved will receive a copy of the denial letter. The physician and hospital should review the denial for accuracy and determine whether or not to appeal. Some hospitals designate utilization review committees to review MPRO actions. This provides back-up for the physician and facilitates appeals where appropriate.

If there is no response within 15 days to the pre-denial notice, the denial is considered affirmed. Because of the potential negative impact of accumulating several denials, and because a significant portion of pre-denials are reversed upon re-review, it is important that physicians respond to these initial notices.

If a physician contests the denial and submits additional information, all materials are reviewed by a second physician reviewer. This person should practice the same specialty as the physician under scrutiny. The second reviewer may certify or deny reimbursement for the case. If reimbursement is denied, an initial determination letter is sent to the physician, hospital and patient.

The physician, hospital or patient may request a reconsidera-

If you hear from MPRO. . .

- **Respond to MPRO communications. Failure to respond is treated as an agreement with their action.**
- **If you need assistance, contact your local medical staff or call MSMS.**
- **If you believe MPRO's action is incorrect or inappropriate, send copies of your communications to MSMS and the AMA. Physician organizations need specific examples of problems to use in representing your interests with legislators and regulators.**

ion of a negative decision within 30 days of initial determination. This is essentially a review of the case by a third physician reviewer. The individual submitting the case for reconsideration must make a written request to MPRO for a telephone conference with the reviewer if he or she wishes to talk with the reviewer prior to the actual rereview.

A patient, or the hospital acting on behalf of a patient, may pursue a denial beyond the reconsideration process to an administrative law judge. At this stage, it is prudent to obtain advice and assistance from an attorney.

Sanction and intervention issues

HCFA is placing increased emphasis on quality of care (as opposed to payment) issues. A physician may be sanctioned if he or she fails to meet one of the following "obligations" defined in Section 1156 of the Social Security Act:

— That services be provided economically and only when medically necessary;

— That services be of a quality which meets professionally-recognized standards of health care; and

— That services be supported by evidence of medical necessity and quality in the form which the reviewing PRO may reasonably require.

Depending on the nature of an alleged violation of one of these obligations, the PRO may take corrective action with the physician or seek imposition of a sanction. Sanctions fall into two categories: sanctions for "substantial" violations, and sanctions for "gross and flagrant" violations.

The appeals processes for these actions are similar but vary somewhat, depending on which action the PRO is taking. The appeals process for alleged "substantial violations" has several steps: first, providing additional information to MPRO; second, an opportunity for a face-to-face meeting; third, a violation is forwarded to the U.S. Office of the Inspector General (OIG); and finally, the right to appeal to an administrative law judge.

The appeals process for alleged "gross and flagrant" violations is shorter: the PRO sends an initial sanction notice; the physician then has a right to request a meeting; and, after the PRO reaches a decision, the matter is forwarded to the OIG. The physician may appeal the OIG's decision to an administrative law judge.

Because the opportunity for appeal is somewhat limited, particularly in the instance of alleged "gross and flagrant" violations, it is important to respond quickly to any MPRO notice of action.

You may have an attorney present at any meeting with MPRO, but the attorney's role may be limited by MPRO. Meetings are run by physicians; to take an aggressive, legalistic approach may not best serve your interests.

Explaining your own actions and underlying logic is probably the best approach initially, although it is prudent to have an attorney present to protect your legal interests and rights to due process.

Responding to adverse actions

There are several important factors to consider in forming a written response.

- **Check accuracy of basis for PRO decision.** Reviewers sometimes make mistakes, misread or fail to consider information present in a chart. Briefly restate any information in the chart which you feel is important in justifying your action.
- **Provide any additional pertinent information.** MPRO makes its decisions based on what is contained in the medical record it receives from the hospital. Any information bearing on your action which was not contained in the medical record should be provided in written form to MPRO.
- **Seek clarification of PRO reasons if necessary.** Sometimes the reasons for denials listed on the notice are vague or general. If the reasons are not clear, you should contact MPRO for further explanation. This information can be very useful in fashioning your response.
- **Provide supportive rationales for your actions.** Briefly explain why you pursued the course you chose. If possible, provide information which substantiates your decision, such as quotations from textbooks and/or letters of support from specialists or hospital utilization review committees.
- **Set a proper tone in the response.** Although there may be an inclination to respond in a flippant or vitriolic fashion, this does not serve long-term goals. Keep in mind that you are responding to another physician. HCFA requires that the PRO take attitude or unwillingness to comply with regulations into consideration in making its determination.

PRO activities span nation

The activities of PROs across the country represent a significant imposition on physicians and the practice of medicine. Given the time and trouble involved with responding to MPRO, there may be a tendency to ignore MPRO communications. MPRO initially reported that only 50 percent of their denials of payment were being appealed. Failing to appeal implies that MPRO's decision was correct. Such a lack of response may have future implications for a physician's practice. Some hospitals have established in-house systems to aid physicians in responding to adverse actions. If your hospital does not offer such assistance, you may wish to initiate one through your medical staff and hospital administration.

Resolutions regarding MPRO

Following are summaries of MPRO-related resolutions which were passed at the 1987 MSMS House of Delegates. These represent in a broad sense what MSMS is doing to represent and assist physicians in dealing with the federal PRO program in Michigan:

3-87A PRO Regulations: That MSMS work with the AMA to ensure that all appeals are exhausted before a beneficiary is given notice of a denial of payment based on an alleged deficiency in quality of care; and that the physician is provided with fundamental due process rights in the appeals procedure.

30-87A: That MSMS monitor MPRO's timeliness of review and consider taking actions against MPRO if contractual timelines are not met.

31-97A: That MSMS examine MPRO's review process and compare it with PROs in other states. That MSMS encourage county medical societies to work with local medical staffs to monitor MPRO activities at a county level. That physicians report inappropriate denials or other actions to MSMS. That MSMS work with the Michigan Hospital Association to review PRO activity in the state. That MSMS encourage all MSMS members to participate as physician reviewers in peer review activities.

39-87A: That MSMS encourage all Michigan physicians to respond to all MPRO letters of denial. That MSMS develop an educational program regarding peer review and work toward full awareness of the appeals process. ☐

This guide to MPRO was compiled by Thomas E. White, MSMS Chief of Medical Economics and Physician Hospital Relations.

MSMS Leadership Conference highlights

By Betty McNerney

Editor's note: The following wo articles have been adapted rom presentations given at the MSMS Public Affairs Leadership Conference held in October. Acompanying the articles are a vaiety of photographs which help ecap the events of the day.

Future directions in health care

Health care in Michigan is hanging from a seller's market o a buyer's market, Jay Endsley, principal of Lansing-based Health Management Associates, told physicians at the MSMS Public Affairs Leadership Conference in October.

"This is almost fundamentally true because of the rapidly increasing supply of physicians," Endsley explained. "Even if all four medical schools were to close tomorrow, the supply of physicians would continue to increase until 1995."

The impact of the changing health care environment on physicians, according to Endsley, is that physicians are beginning to lose their bargaining power with insurers, government regulators and other purchasers of care, because there are more alternatives around. There are also fewer patients around.

According to Endsley, population growth in the state—which is about 6.6 percent per year—is nowhere near the increase in the supply of physicians.

"What this means is that physicians for the first time are begin-

Continued on next page

ARE YOU A PHYSICIAN WITH ADMINISTRATIVE RESPONSIBILITIES?

Consider the Summer Institute in Administrative Medicine

June 12 - July 1, 1988

If you're seeking skills and knowledge to increase your effectiveness in current or potential administrative roles, consider the following special courses.

One Week Courses

Microcomputing for Clinical Administration
Cost Benefit Analysis
Managing Academic Medical Departments and Centers
Professional Writing for the Physician Executive
Physician Personnel Management
Influencing Health Care Legislation and Policy
Financial Aspects of Management Decision Making
Managerial Problem Solving for Physician Administrators
Strategic Management of Hospitals, Clinics and Practices

Three Week Courses

Management of Prepaid Health Plans
The Politics of Health Policy
Quality of Health Care: Evaluation and Assurance

Registration deadline
is February 1, 1988.
For registration and
tuition information,
call today:
(608) 263-4889.

University of Wisconsin-
Madison Medical School
Department of Preventive
Medicine

In Cooperation with the American
Academy of Medical Directors

ning to be much more willing to accept new forms of reimbursement," he said. "Many of the things that are going on in medicine today are situations which would have been intolerable as recently as 15 to 20 years ago."

Physicians line up to ask questions and get answers from representatives of National Blue Cross/Blue Shield and Blue Cross/Blue Shield of Michigan. First in line is Mark O'Brien, MD, of Grand Rapids.

Impact of buyer's market

According to Endsley, the emergence of bundled services and selective contracting are directly linked to the changing health care environment in Michigan.

"HMOs are the epitomy of bundled services," he said. "The days when a physician organizes and profitably operates his/her own business without formal ties to other providers is fast disappearing. In the future, it will simply not be possible for a limited, independent practice of any kind or size to operate profitably for a long period of time."

Jay G. Endsley (right), principal, Health Management Associates in Lansing, chats with Gilbert B. Bluhm, MD (far left), president of the Wayne County Medical Society, while Margaret E. Jones, MD, East Lansing, and Richard L. Rapport, MD, MSMS Board member, look on.

As for selective contracting, Endsley said: "Everyone has talked about PPOs, thought about PPOs, heard about PPOs and been to meetings about organizing a PPO. In point of fact, they're really only available to really large purchasers of care who have lots of patients so that providers can't refuse the opportunity to try to get the business."

Future outlook

With the health care environment changing, what will the climate be like in five to 10 years, or even 15 years? According to Endsley, one thing is clear: integrated delivery systems which

Continued on page 808

Before you pick a Claims-Made Insurance Company

ASK YOURSELF WHERE THEY'LL BE 10 YEARS FROM NOW.

Michigan physicians learned a costly lesson back in 1975. The cost of liability insurance was rising. Insurance companies were leaving the state. And many physicians were left without insurance.

That's when the Brown-McNeely Fund, later to become PICOM, stepped in to fill a need. We were set up specifically for physicians. We're a physician-owned company.

Now that Michigan is offering claims-made insurance policies, a lot of new companies are again interested in doing business here. But most of them aren't located here. Or even in this country.

Insuring your practice is an important decision. Knowing someone will be here when you need them is an important part of making that decision.

For information, contact Physicians Insurance Company of Michigan, 4277 Okemos Road, Box #2510, Okemos, Michigan 48864-2510.

PICOM

Claims Made
What are the answers?

provide a broad range of services will come under a more centralized management system.

The success of HMOs in Michigan Endsley said, is what really promotes his prediction. "HMOs in Michigan already have 10 to 15 percent of the market. We think within 15 years systems like HMOs and PPOs will have probably 50 percent of the market in most metro areas," he said.

Seek sound business advice

As integrated health care systems grow in the next decade, physicians will gradually become part of a system that is "much bigger than anything you've thought about lately," Endsley said. Because of this, Endsley said: "It will probably be worth your while to look at some of the alternative delivery systems and understand how they function." The best way to do this, according to Endsley: seek very, very sound business advice over the next 10 years.

"If you're younger than 60—you're in your 40s or 30s—and you're going to have to do another 20 or 25 years in this system, then it's going to be very much worth your while to understand the entrepreneurial aspects of the delivery system," Endsley advised.

Protect your marketshare

Finally, Endsley advised physicians to "pay attention to your surroundings, learn as much about the alternatives as you can, think about what they mean in terms of your practice over the next 10-15 years and then get yourself in the best possible position to react to them."

Robert E. Paxton, MD, chairman of the MSMS Board of Directors, holds up a description of *Dealing with Medical Malpractice*, a new book written by Marilyn M. Rosenthal, PhD, a U-M associate professor of medical sociology.

Endsley also advised physicians not to attempt to gain a larger share of the market, but rather to work hard to protect the share of the market they already have.

"There will be more and more delivery systems that will be competing directly with you," he said. "It's clearly time that you recognize that you are in a very, very competitive market and you need to be prepared to deal with it."

Medical liability: An alternative approach

A discussion of the future of health care in Michigan would not be complete without addressing the issue of medical liability. Taking on this task at the MSMS Public Affairs Leadership Conference was Marilyn Rosenthal, PhD, an associate professor of medical sociology at the University of Michigan in Dearborn.

In her presentation, Doctor Rosenthal criticized the tort system in the United States by saying that it "serves neither the physician nor patient well." In addition, Doctor Rosenthal said attempts to improve the tort liability system in Michigan have failed primarily because they were "band-aid methods" that did not change the system's essential characteristics. Her solution: a no-fault system similar to the one currently operating in Sweden.

Professor Rosenthal described the Swedish system as "a medical malpractice system that is significantly less contemptuous, certainly less costly, more rational and infinitely more equitable."

Continued on page 810

TAKE THE HEADACHE OUT OF YOUR PRACTICE!

℞ MICHIGAN HEALTH BILLING & COLLECTION SERVICE

We are a company dealing exclusively with physician's billing and collection

- Fully computerized
- Competitive fees
- Same day billing
- Procedure & Diagnosis Coding
- Our fee is based on the amount collected ***not*** on the amount billed

Michigan Health Billing & Collection Service has the experience and expertise to properly bill and collect more dollars for you. We urge you to compare.

WE CAN HELP!

MICHIGAN HEALTH BILLING & COLLECTION SERVICE
603 West Michigan Avenue
Jackson, Michigan 49201
(517) 787-6440

1-800-242-1131

You've Known Us For Our Quality...

Now Test Our Service

M Labs

Department of Pathology
University of Michigan
Medical Center

Specialty Reference Laboratory Testing

- Comprehensive Drug Analysis and Toxicology Program
- Special Hematology Testing
- Immunohematology — Special Antibody Testing
- Flow Cytometry — Leukemia Diagnosis
- RIA Testing — Endocrine Screens
- Special Microbiology Culture, Sensitivities and Identification

Anatomic/Surgical Pathology

- Consultations and Second Opinions
- Aspiration Cytology
- Electron Microscopy
- Immunohistochemistry
- Neuropathology

Educational Services

Computerized and Electronic Reporting

Courier Services

1500 E Medical Center Drive
Medical Science Bldg I
M5221 0602
Ann Arbor MI 48109-0602

313-936-2598

800-862-PATH

Peter A Ward M D
Chairman

Kenneth D McClatchey M D
Associate Chairman
Director M Labs

Eugene M Silverman M D
Associate Director M Labs

According to Doctor Rosenthal, the Swedish malpractice system operates on three levels: (1) patient no-fault insurance fund, which was started in 1975; (2) disciplinary board, called the Medical Responsibility Board, which has "exceptionally strong consumer representation, but illicits little physician dissatisfaction;" and (3) an informational feedback system to continue medical education and risk.

Patient no-fault fund

According to Doctor Rosenthal, the Swedish have a no-fault fund that is a joint enterprise funded by the counties (similar to states in America) and administered and managed in the private sector by the Swedish insurance consortium, Skandia. The fund was established in 1975 during a period when there was much discussion in Sweden about making government more responsive to public needs.

Supported by annual per capita premiums paid by each county council, the fund makes claims awards based on a predetermined schedule of compensable injuries. Minor injuries, psychological injuries and injuries arising from well-known risks are excluded.

Who is at fault is irrelevant and never a factor in determining whether a claim should be compensated. The average claim is settled within two months, Professor Rosenthal said.

Doctor Rosenthal

Medical Responsibility Board

Complaints against physicians are handled through an entirely separate mechanism that has no official relationship with the no-fault fund. The Medical Responsibility Board (MRB), a free-standing national governmental body supported by public taxes, receives complaints about all health professionals. Approximately 80 percent concern physicians, according to Rosenthal.

The Board has exceptionally strong consumer representation. In addition, there is a health occupation representative from each of the three giant union federations, and a representative from the Federation of County Councils.

The Board is supported by an administrative staff of 20 who screen the complaints. Those with merit are investigated by a physician with training and expertise similar to the physician named in the complaint. This physician then gathers evidence and presents the case to the MRB.

While the meetings are conducted in private, any party to a complaint can request a hearing, with a lawyer if desired. There is an appeals procedure for any party to the complaint. The MRB has a range of sanctions it can employ from reprimanding a physician to calling for a withdrawal of his or her certificate to practice medicine. This latter action can be used only on a complaint submitted by the National Board of Health and Welfare, which is empowered to grant certificates.

Information feedback

Systematic and potentially useful information from the no-fault fund is fed back to hospitals and physicians in a variety of ways, according to Doctor Rosenthal. Skandia routinely sends a copy of each no-fault claim to the chief of the clinical service at each hospital involved. The no-fault fund also has conducted invaluable research for use in continuing medical education and risk management, she said.

Swedish system adaptable

While no system is perfect, the Swedish system provides ideas "that can be adapted to the state of Michigan," concluded Doctor Rosenthal. □

Best Wishes for a

Happy Holiday Season

and a

Prosperous New Year

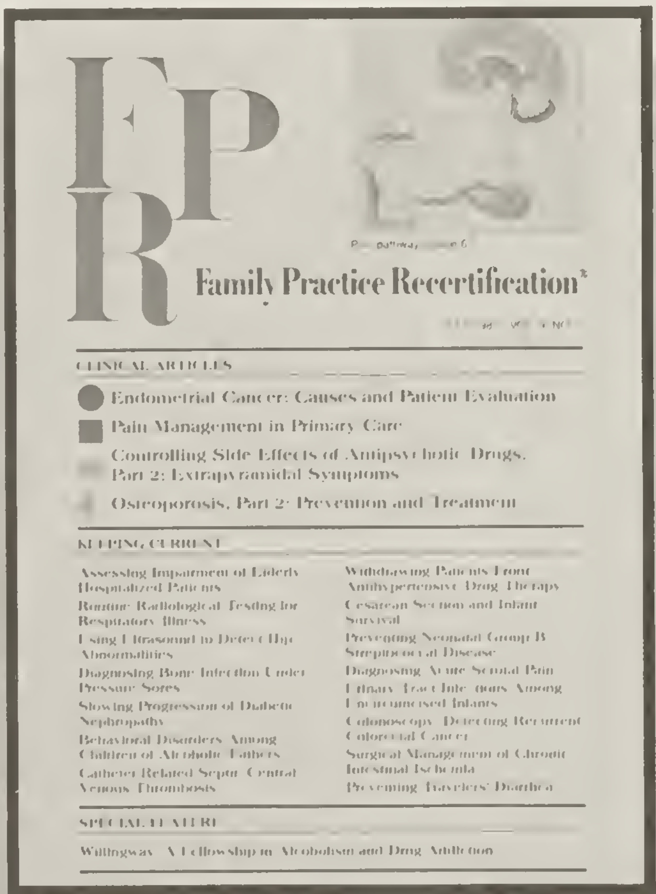
LABORATORY OF CLINICAL MEDICINE
MICHIGAN REFERENCE LABORATORY II, INC.

The Staff of the
Laboratory of Clinical Medicine
W.E. Maldonado, M.D., Director

The complete journal for family practice physicians

- Reaches 79,000 family physicians monthly
- Presents the most commonly seen patient problems in family practice
- Written by physicians for physicians
- The most current clinical updates in:
  - Cardiology
  - Diabetes
  - Pediatrics
  - Ob/Gyn
  - Psychiatry
  - Gastroenterology
- Provides 20 hours of CME Category 1 Credit

PRACTICAL ▪ CLINICAL ▪ EDUCATIONAL ▪ CURRENT



FPR

Family Practice Recertification

CLINICAL ARTICLES

- Endometrial Cancer: Causes and Patient Evaluation
- Pain Management in Primary Care
- Controlling Side Effects of Antipsychotic Drugs, Part 2: Extrapyramidal Symptoms
- Osteoporosis, Part 2: Prevention and Treatment

KEEPING CURRENT

Assessing Impairment of Elderly Hospitalized Patients
Routine Radiological Testing for Respiratory Illness
Using Ultrasound to Detect Hip Abnormalities
Diagnosing Bone Infection Under Pressure Sores
Slowing Progression of Diabetic Nephropathy
Behavioral Disorders Among Children of Alcoholic Fathers
Catheter Related Septic Central Venous Thrombosis
Withdrawing Patients From Antihypertensive Drug Therapy
Cesarean Section and Infant Survival
Preventing Neonatal Group B Streptococcal Disease
Diagnosing Acute Scrotal Pain
Urinary Tract Infections Among Uncircumcised Infants
Colonoscopy: Detecting Recurrent Colorectal Cancer
Surgical Management of Chronic Intestinal Ischemia
Preventing Travelers' Diarrhea

SPECIAL FEATURE

Willingway: A Fellowship in Alcoholism and Drug Addiction

DEATHS

Ross M. Balow, MD
Birmingham

Doctor Balow died September 27 at the age of 62. He was a radiologist for 27 years at Harper Grace Hospital until his retirement in 1985. He was a graduate of Hillsdale College and Wayne State University Medical School. He was a veteran of the U.S. Army Infantry during World War II, and a member of the Wayne County Medical Society.

William H. Barron, MD
St. Clair Shores

Doctor Barron died October 8 at the age of 83. He retired as a chest and pulmonary heart specialist and was noted as a founder of the American College of Chest Physicians. He practiced medicine for 50 years in the Detroit area before retiring in 1978. He was a member of the Wayne County Medical Society and was a charter member, past president and former board member of the Southern Michigan Bridge Association.

William D. Chase, MD
Frankenmuth

Doctor Chase, a general practitioner and internal medicine specialist, died September 15 at the age of 88. His 50-year career in medicine was spent largely at Genesee Memorial Hospital. Doctor Chase was born in Washington DC, and opened a practice in McLean, Va, after graduating from the George Washington University Medical School. He was called into the U.S. Army Medical Corps during World War II and later saw action in the Korean War. He was a member of the Genesee County Medical Society and was affiliated with the Genesee County Tuberculosis Foundation.

Aaron A. Farbman, MD
Detroit

Doctor Farbman, a surgeon, research scientist and author, died September 14 at the age of 85. He was born in Odessa, Russia and came to the United States in 1904. He earned his bachelor's, master's and medical degrees at Columbia University. He was a diplomate of the American Board of Abdominal Surgery, a member of the Wayne County Medical Society and the American Medical Association. He published 34 scientific papers in national journals and also was a team doctor for the Detroit Lions.

Ruth E. LaLime, MD
Grand Rapids

Doctor LaLime died October 10 at the age of 81. She was a member of the Kent County Medical Society. Doctor LaLime received her medical degree from the University of Michigan in 1930, following a residency at New York Infirmary for Women and Children. She was in general practice in both Grand Rapids and Bear Lake and had served with the US Department of Public Health. She entered a residency program in psychiatry at Traverse City Psychiatric Hospital and returned to Grand Rapids to practice psychiatry until she retired in 1977.

Milton B. Stuecheli, MD
Troy

Doctor Stuecheli of Troy died September 21 at the age of 75. He was a graduate of the University of Cincinnati Medical School and received his training at Cincinnati General Hospital and Dunham Hospital. He was chief of radiology at the William Beaumont Hospital in Royal Oak until 1965 when he became chief of outpatient radiology. In 1981 he was named chief of radiology at Troy Beaumont, were he served until his retirement. He was a member of the Oakland County Medical Society, American Medical Association, American College of Radiology, Radiological Society of North America and the American College of Chest Physicians.

A CANCER RESPONSE SYSTEM

IN
THE DARK
ABOUT
CANCER?
Call us

1-800-ACS-2345

AMERICAN CANCER SOCIETY® MICHIGAN DIVISION, INC

Before prescribing, see complete prescribing information in SK&F CO. literature or *PDR*. The following is a brief summary.

WARNING

This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

Contraindications: Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.

Warnings: Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired. If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake. **Associated widened QRS complex or arrhythmia requires prompt additional therapy.** Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin [ACTH]). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis, and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

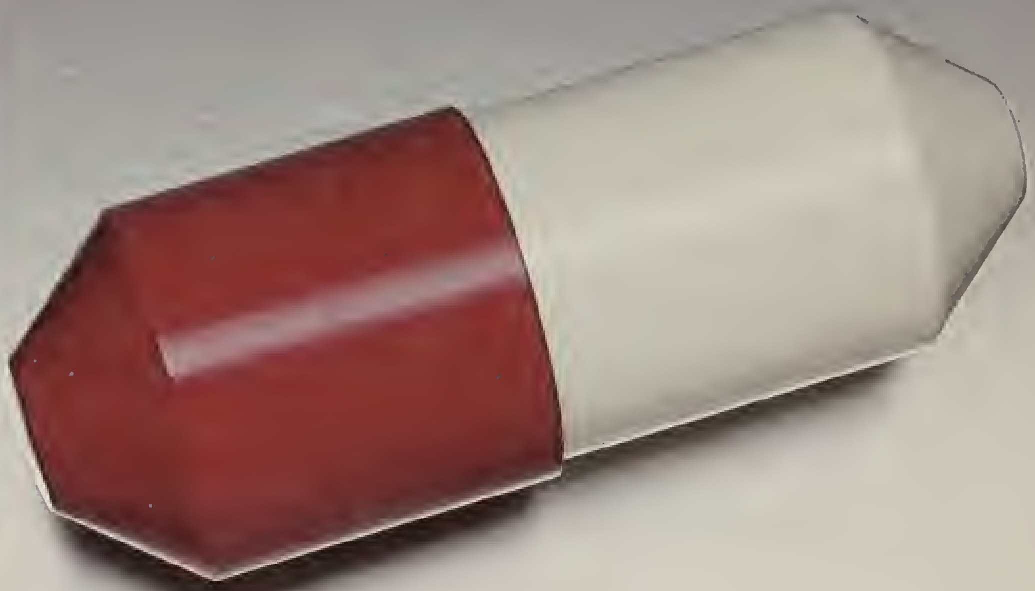
Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.

BRS-DZ:L42

In Hypertension*... When You Need to Conserve K+

Remember the Unique Red and White Capsule: Your Assurance of SK&F Quality

Serum K^+ and BUN should be checked periodically (see Warnings and Precautions).



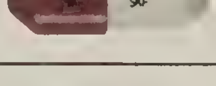
Potassium-Sparing

DYAZIDE®

25 mg Hydrochlorothiazide/**50 mg** Triamterene/SKF

Over 20 Years of Confidence

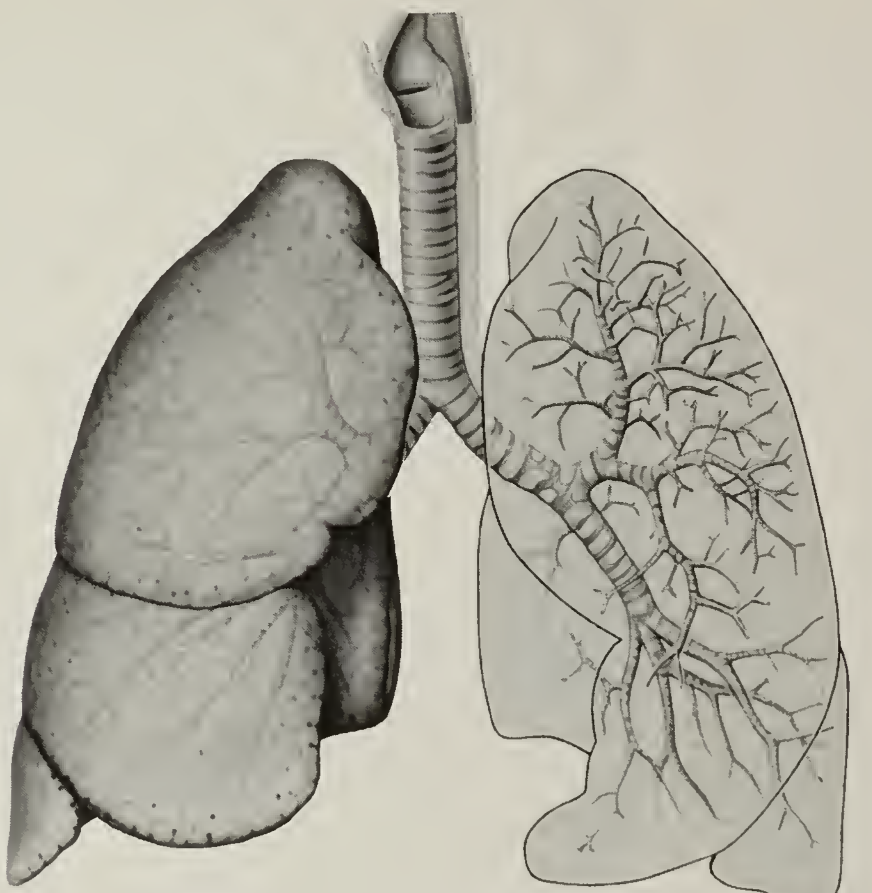
The unique
red and white
Dyazide® capsule:
Your assurance of
SK&F quality.



a product of
SK&F CO.
Carolina, P.R. 00630

© SK&F Co., 1983

Consider the causative organisms...



Ceclor®
cefaclor

250-mg Pulvules® t.i.d.

offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae and *Streptococcus pneumoniae*
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indication: Lower respiratory infections, including pneumonia, caused by *Streptococcus pneumoniae*, *Haemophilus influenzae*, and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins.

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine.
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly). [061787L]

PA 0709 AMP

©1987, ELI LILLY AND COMPANY CR-5005-B-849318

Lilly

Additional information available to the profession on request from Eli Lilly and Company, Indianapolis, Indiana 46285

Eli Lilly Industries, Inc
Carolina, Puerto Rico 00630

"Living in the city
is lonely enough...
with herpes it's like
solitary confinement."

ZOVIRAX®
(acyclovir)
CAPSULES

Prevent genital herpes recurrences month after month with daily therapy.

(In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.)

Please see last page of this advertisement for brief summary of prescribing information.

ZOVIRAX® (acyclovir) CAPSULES

Help free your patients from recurrences.

Daily therapy

Coping with genital herpes is rarely easy. For some, the worst part is the pain and discomfort of frequent attacks —month after month, year after year. For others, the emotional burden presents a more difficult problem, leading to social isolation, anxiety, and diminished self-esteem.

Prevent or reduce recurrences

Although your patients have to live with herpes, they shouldn't have to suffer. Daily therapy with ZOVIRAX CAPSULES can help free them from the cycle of recurrent genital herpes. For many, one capsule three times a day can suppress recurrences completely while on therapy.

Generally well tolerated

Daily therapy with ZOVIRAX CAPSULES is generally well tolerated. The most frequent adverse reactions reported during clinical trials were headache, diarrhea, nausea/vomiting, vertigo, and arthralgia.

The physical and emotional difficulties posed by genital herpes are unique for each patient. The frequency and severity of recurrent episodes, as well as the emotional impact of the disease, should be considered when selecting daily therapy with ZOVIRAX CAPSULES.

Please see brief summary of prescribing information on next page.

A year of triumphs and tribulation

By Thomas J. DeKornfeld, MD

Since this is the last column in 1987, I thought it may be of some interest to review the events of the year and to share our triumphs and tribulation with you.

In general, it has been a very good year. The Board has worked diligently in both its licensing and regulatory functions and has solid accomplishments in both areas. In all its activities it was most ably supported by the staff of the Bureau of Health Services, as dedicated and competent a group of people as any I have ever had the pleasure to work with.

In the licensing area, the major accomplishment was the drafting of the new rules. This was a drawn out and complex process which is still not complete at this writing.

The Board has approved and proposed rules at the September meeting and the rules are currently before the Attorney General for certification. Some minor changes may be made at the November meeting of the Board and then the rules will go to the Joint Legislative Committee on Rules which has the final say in this matter.

If the Joint Committee approves the rules as proposed, these rules will represent a significant improvement over the current rules. They will take the Board out of the school and hospital approval business, make it much easier for graduates of foreign medical schools to be licensed in Michigan and remove a number of obstacles from taking the FLEX examination.

If the Joint Rules Committee rejects the proposed rules, the current rules will stay in effect for many months to come.

The Board also endorsed rules which will make license by endorsement easier and more equitable.

The issuance and renewal of Educational Limited Licenses this past summer went quite smoothly and represented a distinct improvement over last year. In fact, there were relatively very few hitches in accomplishing a large and cumbersome task quickly and efficiently.

One of the problems confronting the Board and apparently accentuated during the past year, is the question of telephone access to the Board office. The incoming traffic is so heavy and many of the calls require so much time, that busy signals and long "on holds" are inevitable. This generated numerous complaints and many frustrations on all sides. We have been very much aware of this problem and have made major strides towards correcting it.

A new telephone system and a recorder should make access much easier and, hopefully, will resolve this awkward issue. The real key is in the hands of our constituency.

If you exercise some restraint and don't call the Board office unless it is really important, you will make life much more pleasant not only for yourself, but for all the staff here, as well as for the people who really need to talk to the office.

Another major effort was an audit of mandatory continuing medical education for almost 700 physicians. This was conducted last summer and produced unexpectedly good results. The very large majority of the physicians audited had no difficulty in documenting the attendance at the required CME activities. There was only a very small number against whom an administrative complaint had to be issued. This matter was described in some detail in an earlier column and needs no repetition at this time. Suffice it to say that another audit will be held next year, hopefully with even better results.

As far as the regulatory activities of the Board are concerned, business has been fairly brisk. During the last fiscal year (October 1, 1986, to September 30, 1987) the Board received 264 allegations. Of these, 65 were authorized for investigation. Twenty-six formal complaints were issued and 21 physicians were disciplined. There were five summary suspensions.

Two other areas of general interest are the ever-increasing activities of the Malpractice Unit within the Bureau, and the initial

Continued on next page

Doctor DeKornfeld is administrator of the Board.

TRIUMPHS/Continued

conversations between the interested parties on the impaired physician issue.

The Malpractice Unit has been busy gathering data, investigating a number of cases and working very closely with the Attorney General. The first formal complaints should be issued shortly and will be followed by a series of others. I hate to say this, but I was utterly appalled by the nature of some of these cases and by the atrocious level of care that they reflected.

The problem of the impaired physician is another very serious one. Chemical dependence and emotional and organic psychopathology are much more common than generally suspected and may represent a substantial hazard to the consumer.

MSMS has been active in this area for quite some time, but the Board was limited to taking disciplinary action against an impaired physician, if and when that physician was brought to the attention of the Board. It was a significant step when the Board, the Attorney General and the MSMS-MAOPS committee met and agreed to try to tackle this problem as a joint endeavor. We have made a good start but have a long way to go. I will keep you apprised.

On behalf of the Board, the Bureau of Health Services and, not least, your humble servant, I wish you and yours a Very Merry Holiday Season and a Happy, Healthy and Suit-free New Year. ☐

ATTENTION HEALTH PROFESSIONALS!

Gerald Faverman, Ph.D. • *Chairman of the Board*
Craig Ruff • *President*
October 1987

HEALTH POLICY BULLETIN

NEW PUBLICATION Public Sector Consultants introduces the *Health Policy Bulletin*. Published monthly, the bulletin focuses on public policy issues, opinion leaders, and processes that affect the health care delivery system and its financing. We emphasize policy making in Michigan state government, but from time to time refer to events at the federal and local levels and in other states that may influence health policies.

The *Health Policy Bulletin* is available by subscription for $95 a year. To order, write to Public Sector Consultants, Inc., Knapp's Centre, 300 South Washington Square, Suite 401, Lansing, MI 48933 or call 517/484-4954.

Emergency Call System
Medical Alert

Emergency Call System (ECS) Medical Alert

Voice-A-Matic 100

LINE FEED
REPEAT
ON
RESET
SpeechAid™
Intex Systems, Inc.

Deco-Phone

Servox Electro Larynx

W6T-K-M Amplified Receiver Handset* *Registered trademark of Walker Equipment Corp

We can make it easier for your handicapped patients to use the phone.

If you have patients with special communications needs, have them visit one of Michigan Bell's Telecommunications Quality Centers for the Handicapped. They'll find plenty of state-of-the-art communications products, ranging from large button telephones like Deco-Phone for those with sight or dexterity loss to Electro Larynxes and Telecommunications Devices for the Deaf (TDD), such as the Superprint 400. And, of course, they'll find a trained staff that's ready to help make using the phone as simple and easy as possible.

For more information, call or visit one of our Centers. Each is open Monday through Friday from 8:30 a.m. to 5:00 p.m.

Telecommunications
Quality Center
for the Handicapped

LOVE TO. THANKS

Superprint 400 (TDD)

SpeechAid*
*Registered trademark of Intex Micro Systems Corp

Feature Phone V*
*Registered trademark of TeleConcepts, Inc.

26200 Greenfield
Suite 43
Oak Park, MI 48237
1 800 482-3141 (TDD)
1 800 482-8254 (Voice)

1365 Cass Ave.
Room 102
Detroit, MI 48226
(313) 223-8732
(Voice/TDD)

221 N. Washington
Lansing, MI 48933
1 800 525-7134
(Voice/TDD)

114 North Division
Grand Rapids, MI 49503
1 800 525-9628
(Voice/TDD)

Michigan Bell
AN AMERITECH COMPANY
Helping you communicate℠

MSMS active on AIDS front

Frederick W. Bryant, MD, MSMS president-elect, recently testified before the House Public Health Subcommittee on AIDS, informing them of MSMS' continued efforts to educate Michigan physicians about the deadly disease.

Reynard Bouknight, MD, a member of the MSMS AIDS Speaker's Bureau, recently conducted a clinical update for members of the House Republican Task Force on AIDS.

AIM HIGH

READY FOR A CHANGE OF PACE?

The Air Force has openings for **Physician Specialists**. You can enjoy better working hours, 30 days of vacation with pay each year and a unique and enjoyable life-style for you and your family while serving your country. Ask a health professions recruiter about our outstanding pay and benefits package. Call

USAF HEALTH PROFESSIONS
1-800-423-USAF TOLL FREE

AIR FORCE

Transportation
Department

A laboratory on wheels

AMRC's transportation couriers log 16,000 miles daily in a network of routes blanketing the entire peninsula of Michigan and Northwest Ohio. Our courteous, professional drivers will pick up your specimens daily, or on request.

AMRC Transportation, providing service beyond your expectation

Advance Medical & Research Center, Inc.

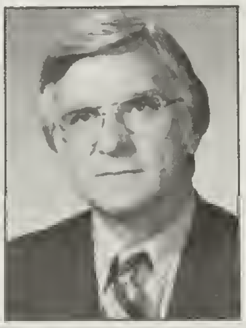
1270 Doris Rd. • Pontiac, Michigan 48057 • (313) 373-9120

Allen Park Alpena Bay City Clarkston East Jordan Flint Grand Rapids Kalamazoo
Lansing Livonia Marquette Monroe Muskegon Portage Saginaw Traverse City

PHYSICIANS IN THE NEWS

Shartsis

Weiss


Sparks

Breneman

Chapin

Ingold

C. Douglas Lees, MD, Grosse Pointe Shores, has been elected to fellowship in the American College of Cardiology. . . . **Thomas D. Gelehrter, MD**, Ann Arbor, has been appointed as chairman of the University of Michigan Department of Human Genetics. Doctor Gelehrter, a professor of internal medicine and of human genetics, has been director of the University of Michigan Division of Medical Genetics since 1977. . . . **Gita Nanda Vaidya, MD**, Gladstone, has passed the American Board of Internal Medicine's Advanced Achievement in Internal Medicine examination. The test is a voluntary recertification exam offered to physicians from all areas of the United States. . . . In mid-September the Michigan Society of Internal Medicine elected **Juan C. Carione, MD**, Troy, president; **Joseph J. Weiss, MD**, Livonia, president-elect, and **Jack M. Shartsis, MD**, Warren, secretary-treasurer. . . . **Joseph J. Weiss, MD**, received the component society newsletter of the year award at the American Society of Internal Medicine's annual meeting October 15 in Washington, D.C. . . . The Michigan Association of Blood Banks (MABB) recently honored **Julius Rutzky, MD**, with its Founder's Award, acknowledging his 20 years of outstanding service to the MABB. . . . **Paul A. Sieving, MD**, Ann Arbor, assistant professor in the Department of Ophthalmology at the University of Michigan's W. K. Kellogg Eye Center, has received a research gift of $66,167 from the National Retinitis Pigmentosa Foundation Inc. . . . The College of American Pathologists Foundation has named **Kenneth D. McClatchey, MD, DDS**, as a recipient of the 1987 Herbert Lansky Memorial Award. The award is presented annually to a pathologist who has demonstrated leadership consistent with the goals of the CAP Foundation and made significant contributions to the field of pathology. . . . **Robert D. Sparks, MD**, Battle Creek, president and trustee of the W. K. Kellogg Foundation, announced recently that he will retire at the end of this year to pursue other professional and personal interests. . . . **Rosalind E. Griffin, MD**, Southfield, has been chosen as an outstanding Christian and professional woman to receive the prestigious Golden Heritage Award presented annually by the Women's Division of Little Rock Baptist Church. . . . **James Breneman, MD**, a Galesburg allergist, has been chosen to lecture on food allergies at the 12th World Congress of the International Association of Asthmology in Barcelona, Spain, this fall. . . . **Sidney E. Chapin, MD**, Dearborn, received the 1987 Physician of the Year award from the National Association for Home Care (NAHC). The award was presented to Doctor Chapin at the NAHC Annual Meeting and Home Care Exhibition. . . . **John A. Ingold, MD**, Royal Oak, was installed November 4, 1987, as the new president of the Oakland County Medical Society. Doctor Ingold succeeds Michael Garcia, MD, as president of the 1,350 member organization. . . . **Susan Adelman, MD**, a Detroit pediatric surgeon and editor of Detroit Medical News, advised doctors to "Tell your patients you're not perfect" in a commentary published in the October 23/30 issue of AMA NEWS. The focus of her commentary: medical liability. ☐

Confidence: Saying yes to:

- Staying in Michigan.
- Insuring with Michigan Physicians Mutual Liability Company (MPMLC).
- Getting early-year "claims-made" premium savings.
- Keeping the coverage at least seven years.
- Retiring at age 60 (or older) and getting free "tail" protection.

For "claims-made" or occurrence coverage, please contact:

Michigan Physicians
mutual liability company

Underwriting Department: (517) 351-1150
1-800-292-1926

Marketing Department: (313) 647-5550

Board of Medicine actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate action and are reproduced verbatim from summaries prepared by the Michigan Department of Licensing and Regulation.

Name: David P. Corbett, MD
Action, Date Taken: Two years probation and $1,000 fine, Oct. 19, 1987
Reason: Substance abuse

Name: James Hilton Davis, MD
Action, Date Taken: Summary suspension, Sept. 17, 1987
Reason: Criminal conviction/Sexual misconduct

Name: Mark A. Menestrina, MD
Action, Date Taken: Summary suspension, Sept. 17, 1987
Reason: Substance abuse

Name: Joseph Michael Price, MD
Action, Date Taken: Two years probation, Sept. 21, 1987
Reason: Criminal conviction

Name: Pablo J. Quiroga, MD
Action, Date Taken: 30 day suspension/one year probation, Oct. 5, 1987
Reason: Negligence/Incompetence. □

WARDE
MEDICAL LABORATORY

2008 Hogback Road, Ann Arbor, Michigan 48105, (313) 973-1110

V. A. Bernstam, M.D., Ph.D.
Medical Director

Comprehensive Reference Laboratory Services
INCLUDING

- Alpha-fetoprotein
- HIV Screening and confirmation
- Coronary risk evaluation with Apolipoprotein levels
- Toxicology/Drugs of abuse with GC-MS confirmation.

SPECIMEN COLLECTION AVAILABLE IN
ANN ARBOR, LANSING, AND DETROIT METROPOLITAN AREAS

Prevent recurrences month after month*

ZOVIRAX®
(acyclovir)
CAPSULES

Brief Summary

INDICATIONS AND USAGE: Zovirax Capsules are indicated for the treatment of initial episodes and the management of recurrent episodes of genital herpes in certain patients.

The severity of disease is variable depending upon the immune status of the patient, the frequency and duration of episodes, and the degree of cutaneous or systemic involvement. These factors should determine patient management, which may include symptomatic support and counseling only, or the institution of specific therapy. The physical, emotional and psycho-social difficulties posed by herpes infections as well as the degree of debilitation, particularly in immunocompromised patients, are unique for each patient, and the physician should determine therapeutic alternatives based on his or her understanding of the individual patient's needs. Thus Zovirax Capsules are not appropriate in treating all genital herpes infections. The following guidelines may be useful in weighing the benefit/risk considerations in specific disease categories:

First Episodes (primary and nonprimary infections — commonly known as initial genital herpes):

Double-blind, placebo-controlled studies have demonstrated that orally administered Zovirax significantly reduced the duration of acute infection (detection of virus in lesions by tissue culture) and lesion healing. The duration of pain and new lesion formation was decreased in some patient groups. The promptness of initiation of therapy and/or the patient's prior exposure to Herpes simplex virus may influence the degree of benefit from therapy. Patients with mild disease may derive less benefit than those with more severe episodes. In patients with extremely severe episodes, in which prostration, central nervous system involvement, urinary retention or inability to take oral medication require hospitalization and more aggressive management, therapy may be best initiated with intravenous Zovirax.

Recurrent Episodes:

Double-blind, placebo-controlled studies in patients with frequent recurrences (6 or more episodes per year) have shown that Zovirax Capsules given for 4 to 6 months prevented or reduced the frequency and/or severity of recurrences in greater than 95% of patients. Clinical recurrences were prevented in 40 to 75% of patients. Some patients experienced increased severity of the first episode following cessation of therapy; the severity of subsequent episodes and the effect on the natural history of the disease are still under study.

The safety and efficacy of orally administered acyclovir in the suppression of frequent episodes of genital herpes have been established only for up to 6 months. Chronic suppressive therapy is most appropriate when, in the judgement of the physician, the benefits of such a regimen outweigh known or potential adverse effects. In general, Zovirax Capsules should not be used for the suppression of recurrent disease in mildly affected patients. Unanswered questions concerning the human relevance of *in vitro* mutagenicity studies and reproductive toxicity studies in animals given very high doses of acyclovir for short periods (see Carcinogenesis, Mutagenesis, Impairment of Fertility) should be borne in mind when designing long-term management for individual patients. Discussion of these issues with patients will provide them the opportunity to weigh the potential for toxicity against the severity of their disease. Thus, this regimen should be considered only for appropriate patients and only for six months until the results of ongoing studies allow a more precise evaluation of the benefit/risk assessment of prolonged therapy.

Limited studies have shown that there are certain patients for whom intermittent short-term treatment of recurrent episodes is effective. This approach may be more appropriate than a suppressive regimen in patients with infrequent recurrences.

Immunocompromised patients with recurrent herpes infections can be treated with either intermittent or chronic suppressive therapy. Clinically significant resistance, although rare, is more likely to be seen with prolonged or repeated therapy in severely immunocompromised patients with active lesions.

CONTRAINDICATIONS: Zovirax Capsules are contraindicated for patients who develop hypersensitivity or intolerance to the components of the formulation.

WARNINGS: Zovirax Capsules are intended for oral ingestion only.

PRECAUTIONS: General: Zovirax has caused decreased spermatogenesis at high doses in some animals and mutagenesis in some acute studies at high concentrations of drug (see PRECAUTIONS — Carcinogenesis, Mutagenesis, Impairment of Fertility). The recommended dosage and length of treatment should not be exceeded (see DOSAGE AND ADMINISTRATION).

Exposure of Herpes simplex isolates to acyclovir *in vitro* can lead to the emergence of less sensitive viruses. The possibility of the appearance of less sensitive viruses in man must be borne in mind when treating patients. The relationship between the *in vitro* sensitivity of Herpes simplex virus to acyclovir and clinical response to therapy has yet to be established.

Because of the possibility that less sensitive virus may be selected in patients who are receiving acyclovir, all patients should be advised to take particular care to avoid potential transmission of virus if active lesions are present while they are on therapy. In severely immunocompromised patients, the physician should be aware that prolonged or repeated courses of acyclovir may result in selection of resistant viruses which may not fully respond to continued acyclovir therapy.

Drug Interactions: Co-administration of probenecid with intravenous acyclovir has been shown to increase the mean half-life and the area under the concentration-time curve. Urinary excretion and renal clearance were correspondingly reduced.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Acyclovir was tested in lifetime bioassays in rats and mice at single daily doses of 50, 150 and 450 mg/kg given by gavage. There was no statistically significant difference in the incidence of tumors between treated and control animals, nor did acyclovir shorten the latency of tumors. In 2 *in vitro* cell transformation assays, used to provide preliminary assessment of potential oncogenicity in advance of these more definitive life-time bioassays in rodents, conflicting results were obtained. Acyclovir was positive at the highest dose used in one system and the resulting morphologically transformed cells formed tumors when inoculated into immunosuppressed, syngeneic, weanling mice. Acyclovir was negative in another transformation system considered less sensitive.

In acute studies, there was an increase, not statistically significant, in the incidence of chromosomal damage at maximum tolerated parenteral doses of 100 mg/kg acyclovir in rats but not Chinese hamsters; higher doses of 500 and 1000 mg/kg were clastogenic in Chinese hamsters. In addition, no activity was found after 5 days dosing in a dominant lethal study in mice. In 6 of 11 microbial and mammalian cell assays, no evidence of mutagenicity was observed. At 3 loci in a Chinese hamster ovary cell line, the results were inconclusive. In 2 mammalian cell assays (human lymphocytes and L5178Y mouse lymphoma cells *in vitro*), positive responses for mutagenicity and chromosomal damage occurred, but only at concentrations at least 400 times the acyclovir plasma levels achieved in man.

Acyclovir has not been shown to impair fertility or reproduction in mice (450 mg/kg/day, p.o.) or in rats (25 mg/kg/day, s.c.). At 50 mg/kg/day s.c. in the rat, there was a statistically significant increase in post-implantation loss, but no concomitant decrease in litter size. In female rabbits treated subcutaneously with acyclovir subsequent to mating, there was a statistically significant decrease in implantation efficiency but no concomitant decrease in litter size at a dose of 50 mg/kg/day. No effect upon implantation efficiency was observed when the same dose was administered intravenously. In a rat peri- and postnatal study at 50 mg/kg/day s.c., there was a statistically significant decrease in the group mean numbers of corpora lutea, total implantation sites and live fetuses in the F_1 generation. Although not statistically significant, there was also a dose related decrease in group mean numbers of live fetuses and implantation sites at 12.5 mg/kg/day and 25 mg/kg/day, s.c. The intravenous administration of 100 mg/kg/day, a dose known to cause obstructive nephropathy in rabbits, caused a significant increase in fetal resorptions and a corresponding decrease in litter size. However, at a maximum tolerated intravenous dose of 50 mg/kg/day in rabbits, there were no drug-related reproductive effects.

Intraperitoneal doses of 320 or 80 mg/kg/day acyclovir given to rats for 1 and 6 months, respectively, caused testicular atrophy. Testicular atrophy was persistent through the 4-week postdose recovery phase after 320 mg/kg/day; some evidence of recovery of sperm production was evident 30 days postdose. Intravenous doses of 100 and 200 mg/kg/day acyclovir given to dogs for 31 days caused aspermatogenesis. Testicles were normal in dogs given 50 mg/kg/day, i.v. for one month.

Pregnancy: ***Teratogenic Effects:*** Pregnancy Category C. Acyclovir was not teratogenic in the mouse (450 mg/kg/day, p.o.), rat (50 mg/kg/day, s.c.) or rabbit (50 mg/kg/day, s.c. and i.v.). There are no adequate and well-controlled studies in pregnant women. Acyclovir should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. Although acyclovir was not teratogenic in animal studies, the drug's potential for causing chromosome breaks at high concentration should be taken into consideration in making this determination.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Zovirax is administered to a nursing woman. In nursing mothers, consideration should be given to not using acyclovir treatment or discontinuing breastfeeding.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS — Short-Term Administration: The most frequent adverse reactions reported during clinical trials were nausea and/or vomiting in 8 of 298 patient treatments (2.7%) and headache in 2 of 298 (0.6%). Less frequent adverse reactions, each of which occurred in 1 of 298 patient treatments (0.3%), included diarrhea, dizziness, anorexia, fatigue, edema, skin rash, leg pain, inguinal adenopathy, medication taste and sore throat.

Long-Term Administration: The most frequent adverse reactions reported in studies of daily therapy for 3 to 6 months were headache in 33 of 251 patients (13.1%), diarrhea in 22 of 251 (8.8%), nausea and/or vomiting in 20 of 251 (8.0%), vertigo in 9 of 251 (3.6%), and arthralgia in 9 of 251 (3.6%). Less frequent adverse reactions, each of which occurred in less than 3% of the 251 patients (see number of patients in parentheses), included skin rash (7), insomnia (4), fatigue (7), fever (4), palpitations (1), sore throat (2), superficial thrombophlebitis (1), muscle cramps (2), pars planitis (1), menstrual abnormality (4), acne (3), lymphadenopathy (2), irritability (1), accelerated hair loss (1), and depression (1).

DOSAGE AND ADMINISTRATION: Treatment of initial genital herpes: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 10 days (total 50 capsules).

Chronic suppressive therapy for recurrent disease: One 200 mg capsule 3 times daily for up to 6 months. Some patients may require more drug, up to one 200 mg capsule 5 times daily for up to 6 months.

Intermittent Therapy: One 200 mg capsule every 4 hours, while awake, for a total of 5 capsules daily for 5 days (total 25 capsules). Therapy should be initiated at the earliest sign or symptom (prodrome) of recurrence.

Patients With Acute or Chronic Renal Impairment: One 200 mg capsule every 12 hours is recommended for patients with creatinine clearance ≤10 ml/min/1.73 m².

HOW SUPPLIED: Zovirax Capsules (blue, opaque) containing 200 mg acyclovir and printed with "Wellcome ZOVIRAX 200" - Bottles of 100 (NDC-0081-0991-55) and unit dose pack of 100 (NDC-0081-0991-56).

Store at 15°-30°C (59°-86°F) and protect from light.

---

*In controlled studies, recurrences were totally prevented for 4 to 6 months in up to 75% of patients.

Burroughs Wellcome Co., Research Triangle Park, North Carolina 27709

Copr © 1986 Burroughs Wellcome Co. All rights reserved. 86-ZOV-5

Statement of Ownership, Management and Circulation

Michigan Medicine is required by Title 39 of the United States Code 3685 to publish, in compliance with Form 3526, a statement showing the ownership, management and circulation of the magazine for December 1, 1987.

1. A. Title of publication: *Michigan Medicine*

B. Publication No.: 345280

2. Date of filing: 10/1/87

3. Frequency of issue: monthly

A. No. of issues published annually: 12

B. Annual subscription price: $40.00

4. Complete mailing address of known office of publication: P.O. Box 950, East Lansing, Michigan 48826-0950

5. Complete mailing address of the headquarters of general business offices of the publisher: same

6. Full names and complete mailing address of publisher, editor, and managing editor: Publisher: Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950; Editor: Judith E. Marr, P.O. Box 950, East Lansing, Michigan 48826-0950; Managing Editor: Betty J. McNerney, P.O. Box 950, East Lansing, Michigan 48826-0950

7. Owner: Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950

8. Known bondholders, mortgagees, and other security holders owning or holding one percent or more of total amount of bonds, mortgages, or other securities: None

9. The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes: Has not changed during preceding 12 months.

10. A. The total number of copies printed averages 10,143 per issue with a single issue nearest to filing date accounting for 9,848 copies.

B. 1. Sales to dealers averages none with a single issue nearest to filing date accounting for none.

2. Paid circulation averages 9,930 with a single issue nearest to filing date accounting for 9,703.

C. Total paid and/or requested circulation averages 9,930 with a single issue nearest to filing date accounting for 9,703.

D. Free distribution by mail, carrier or other means averages zero with a single issue nearest to filing date accounting for zero.

E. Total distribution averages 9,930 with a single issue nearest to filing date accounting for 9,703.

F. 1. Copies for office use, left over, unaccounted, spoiled after printing averages 213 with a single issue nearest to filing date accounting for 145.

2. Copies returned from news agents averages zero with a single issue nearest to filing date accounting for zero.

G. Total copy averages during preceding 12 months equals 10,143 while a single issue nearest to filing date equals 9,848.

I certify that the statements made by me above are correct and complete.

Judith E. Marr
Editor

THEODORE W. KILAR, M.D.
RETIREMENT PLANS SPECIALIST
Offering Retirement Plans:

- **Goal & Risk Analysis**
- **Portfolio Management**
- **Ongoing Portfolio Evaluation**

Kidder, Peabody & Co.
3290 W. Big Beaver Rd.
Troy, MI 48084
(313) 649-5700
(MI) 1-800-323-8073

- A full range investments firm, established 1865.

When you get sick, everyone loses.

Your patients, your partners, your office staff. A lot of people depend on you for your most valuable asset: your earning power. At age 35, the chances are one in three that you will be disabled for at least 90 days before age 65. Long term disability is a leading factor in mortgage foreclosures and personal bankruptcy filings.

The Michigan State Medical Society group insurance plan offers the protection you need. The disability program guarantees lifetime benefits tailored to your needs. In addition, Professional Overhead Protection™ will pay all of your overhead expenses.

Both plans are offered through Provident Life and Accident Insurance, rated A+ for ten consecutive years by A. M. Best Company.

It takes time to build a practice, it doesn't take long to lose it. If you get sick or injured no one has to lose. Contact the professional advisors at Stratton-Cheeseman today.

Call Lois Rosenberg collect at 517/351-5780
Stratton-Cheeseman & Associates, Inc.
P.O. Box 1563, East Lansing, Michigan 48826-1563

IN MY OPINION/Continued

prevention. We must help in uncovering any particular chemicals, solvents and fumes that may be harmful, and what to do about them. We may be able to help with suggestions to prevent overuse injuries. In the future we will need to help in prevention as well as in treatment.

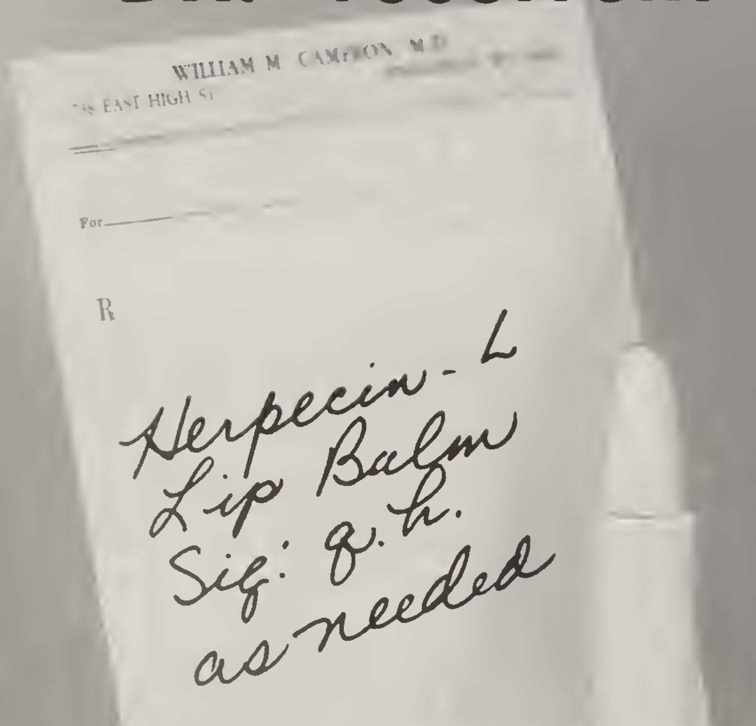
Many companies are promoting wellness programs such as stop smoking clinics. Some have banned smoking in the workplace. Screening for cholesterol is common. Some companies have installed exercise areas and some encourage jogging and walking during the noon hours.

It has been estimated that as many as 20 percent of the workforce has an alcohol or chemical dependency problem. Many industries are finding that it is more cost-effective to rehabilitate workers than to train new ones. Many of those employees will have poor attendance problems and you may be able to help rather than just write a work excuse. It is very costly to retrain workers, so rehabilitated workers help companies save money.

Yes, all of us practice some degree of occupational medicine. Rather than just applying band-aids, sewing up cuts and so forth, let's become more involved with industry to help make the workplace not only safe but also healthy.

Remember that our patients spend over 25 percent of their day at work. If they are happy, well and uninjured, they will be better employees. We can take satisfaction in making that happen. ☐

Dx: recurrent herpes labialis



"HERPECIN-L is my **treatment of choice** for perioral herpes." GP, NY

"HERPECIN-L appears to actually **prevent** the blisters . . . used **soon enough."** DDS, MN

"HERPECIN-L®. . . a **conservative approach** with **low risk/high benefits."** MD, FL

"Used at **prodromal symptoms** . . . blisters **never formed . . .** remarkable." DH, MA

"(In clinical trials) . . . **response** was **dramatic. HERPECIN-L** . . proven **far superior."** DDS, PA

"All patients claimed **shorter duration** . . . at **prodromal symptoms** . . . HERPECIN-L **averted** the attacks." MD, AK

OTC. *See P.D.R.* for information. For samples to make your own clinical evaluation, write: CAMPBELL LABORATORIES, INC., P.O. BOX 812-MD, FDR STATION, NEW YORK, N.Y. 10150

In Michigan HERPECIN-L is available at all *Perry, Revco, RiteAid, Sentry, SupeRx Drug Stores* and other select pharmacies.

CATEGORY I COURSES

Michigan Medicine each month carries a list of opportunities in Michigan for doctors of medicine to obtain Category I credit toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar.

Each listing below, of programs that carry at least 3 hours of Category I credit, indicates a conact person so the physician can obtain details. Physicians with questions about accredited programs may phone MSMS headquarters, (517) 337-1351.

January

9, **Emergency Medicine Oral Boards Preparation Course. Location:** St. Mary's Hospital, Saginaw. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. **Approved for:** 5 hours Category 1 Credit.

15, **Basic Life Support for Health Professionals. Location:** The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Contact:** Jean Holther, Towsley Center for Continuing Medical Education, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 5 hours Category 1 Credit.

16-17, **Advanced Cardiac Life Support Provider Course. Location:** The Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Contact:** Jean Holther, Towsley Center for Continuing Medical Education, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 16 hours Category 1 Credit.

24, **Coronary Artery Disease: Now and the Future. Location:** Detroit Osteopathic Hospital, 8th Floor Auditorium, 12523 Third Avenue, Highland Park. **Contact:** Sue Klomparnes, Detroit Osteopathic Hospital Continuing Education, 12523 Third Avenue, Highland Park 48203 (313)252-4823. **Approved for:** 6 hours Category I Credit.

28, **Annual Snow Meeting: OB/GYN Update. Location:** Hidden Valley, Ostego Ski Club, Gaylord. **Sponsor:** Michigan Section, American College of Obstetricians and Gynecologists. **Contact:** John R. Musich, MD, Department of OB/GYN, William Beaumont Hospital, 3601 W. 13 Mile Road, Royal Oak 48072 (313)288-7224. **Approved for:** 8 hours Category I Credit.

31-2/5, **The Twelfth Annual Midwinter Family Practice Update. Location:** Boyne Highlands Inn, Harbor Springs. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and The Michigan Academy of Family Physicians. **Contact:** Betty Phillips, Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 20 hours Category 1 Credit.

February

4-6, **The Eighth Annual Advances in the Management of Infectious Diseases: Update 1988. Location:** Kahala Hilton, Honolulu, Hawaii. **Sponsor:** The University of Michigan Medical School, Ann Arbor. **Contact:** Karen McCalla, Office of Continuing Medical Education, The University of Michigan Medical School, G100 Towsley Center, Box 0201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 13 hours Category 1 Credit.

5-6, **Advanced Trauma Life Support Provider Course. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, The University of Michigan Medical School, Towsley Center—Box 0201, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 18 hours Category I Credit.

7-12, **Twelfth Annual Seminar on Emergencies in Medicine. Location:** Boyne Highlands Ski Lodge, Harbor Springs. **Sponsor:** Michigan Committee on Trauma, American College of Surgeons. **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit 48201 (313)745-3484. **Approved for:** 25 hours Category 1 Credit.

16, **The Medical Consequences of Nuclear War. Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hours Category I Credit.

19, **Basic Life Support for Health Professionals. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 5 hours Category I Credit.

19-21, **Advanced Cardiac Life Support Instructor Course. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313) 763-1400. **Approved for:** 19 hours Category 1 Credit.

20, **Advanced Cardiac Life Support Recertification. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 7 hours Category I Credit.

23-26, **Microvascular Workshop for Otolaryngologists and Head and Neck Reconstructive Surgeons. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 30 hours Category I Credit.

March

10-15, **Ophthalmology: Basic and Clinical Review Course. Location:** Hotel Pontchartrain, 2 Washington Boulevard, Detroit. **Sponsor:** Kresge Eye Institute of Wayne State University School of Medicine. **Contact:** Division of Continuing Medical Education, Wayne State University School of Medicine, 4H University Health Center, 4201 St. An-

Continued on next page

CATEGORY I COURSES/ Continued

toine, Detroit 48201 (313)577-1180. **Approved for:** 42 hours Category 1 Credit.

13-18, **Emergencies in Medicine. Location:** The Yarrow, A Dunfey Resort and Conference Center, Park City, Utah. **Sponsor:** Michigan Committee on Trauma, American College of Surgeons. **Contact:** Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit 48201 (313)745-3484. **Approved for:** 25 hours Category 1 Credit.

15, **Patient Care for Practicing Physicians. Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hours Category 1 Credit.

16-18, **A Symposium and Preceptorship in Diabetes Care. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 19 hours Category 1 Credit.

20-25, **Facial Cutaneous Surgery: Mohs, Reconstructive, and Cosmetic. Location:** Copper Mountain Resort, Copper Mountain, Colorado. **Sponsor:** The University of Michigan Medical School. **Contact:** Karen Brown, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 19 hours Category 1 Credit.

22-26, **Family Practice—1988 Twelfth Annual Spring Refresher and Board Examination Review. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Family Practice and The Michigan Academy of Family Physicians. **Contact:** Gayle Fox, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 33.75 hours Category 1 Credit.

April

8-9, **Advanced Trauma Life Support Instructor Course. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School. **Contact:** Jean Holther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 18 hours Category 1 Credit.

10-13, **Extracorporeal Membrane Oxygenation for Neonatal Respiratory Failure (ECMO) Basic and Advanced Courses. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Departments of Surgery, Pediatrics and Communicable Diseases. **Contact:** Debbie DeSmyther, Office of Continuing Medical Education, Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 15 hours Category 1 Credit for the basic course and 7 hours Category 1 Credit for the advanced course.

14-15, **Annual Postgraduate Course in Obstetrics and Gynecology: Challenges and Changes of the 1980s. Location:** Towsley Center for Continuing Medical Education, The University of Michigan Medical School, Ann Arbor. **Sponsor:** The University of Michigan Medical School, Department of Obstetrics and Gynecology. **Contact:** Betty Phillips, Office of Continuing Medical Education, The Towsley Center, Box 0201, The University of Michigan Medical School, Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 12.3 hours Category I Credit.

16, **Emergency Medicine Oral Boards Preparation Course. Location:** St. Mary's Hospital, Saginaw. **Sponsor:** Michigan Chapter of the American College of Emergency Physicians. **Contact:** Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500. **Approved for:** 5 hours Category 1 Credit.

19, **Is There a Difference Between the Practice of Medicine and the Practice of Osteopathy? Location:** Clarion Conference Center, 6810 S. Cedar Street, Lansing. **Sponsor:** Ingham County Medical Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M. McMahon, Ingham Medical Center, 401 W. Greenlawn, Lansing 48910 (517)334-2320. **Approved for:** 6 hour Category 1 Credit.

20, **Sleep Throughout the Life Cycle. Location:** Fetzer Center at Western Michigan University, Kalamazoo. **Sponsor:** Borgess Pulmonary Services. **Contact:** Judy Smith, Pulmonary Services, Borgess Medical Center, Kalamazoo (616)383-4875. **Approved for:** 6 hour Category 1 Credit.

28-29, **The Phlebotomy Team. Location** Towsley Center for Continuing Medical Education, University of Michigan Medica School, Ann Arbor. **Sponsor:** The Universit of Michigan Medical School, Department o Pathology. **Contact:** Debbie DeSmyther, Office of Continuing Medical Education, Towsley Center, Box 201, Ann Arbor 48109-020 (313)763-1400. **Approved for:** 11 hours Category 1 Credit.

May

4-5, **Computed Tomography and Magneti Resonance Imaging and Radiologic Technologist Program. Location:** The Towsley Cente for Continuing Medical Education, University of Michigan Medical School, Ann Arbor **Sponsor:** The University of Michigan Medical School, Department of Radiology. **Contact:** Betty Phillips, Office of Continuin Medical Education, Towsley Center, Box 201 The University of Michigan Medical School Ann Arbor 48109-0201 (313)763-1400. **Approved for:** 22.5 hours Category 1 Credit.

June

21, **Preventive Oncology. Location:** Clario Conference Center, 6810 S. Cedar Street Lansing. **Sponsor:** Ingham County Medica Society and MSMS Committee for Continuing Medical Education. **Contact:** Samuel M McMahon, Ingham Medical Center, 401 W Greenlawn, Lansing 48910 (517)332-2320 **Approved for:** 6 hours Category 1 Credit.

July

21-24, **Fifteenth Michigan Emergenc Medicine Assembly: EMS Concepts 88 an Base Station Symposium. Location:** Hilto Shanty Creek, Bellaire. **Sponsor:** Michiga Chapter of the American College of Emergency Physicians. **Contact:** Catherine C Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500. **Approved for:** 2 hours Category 1 Credit.

MEETINGS

MSMS MEETINGS

January

20, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

February

3, AIDS and Public Policy, sponsored by MSMS and Michigan State University College of Human Medicine, Hilton Inn, Lansing, contact: Mary Anne Ford, (517)337-1351.

March

2, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

23-24, MSMS 1988 Conference on Maternal and Perinatal Health, Amway Grand Hotel, Grand Rapids, contact: Sherry L. Fent, (517)337-1351.

April

29 and 5/1, MSMS Board of Directors Meeting, Hyatt Regency, Dearborn, contact: William Madigan (517)337-1351.

September

14, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

November

16, MSMS Board of Directors Meeting, MSMS headquarters, contact: William Madigan (517)337-1351.

AMA MEETINGS

February

12-14, Leadership Conference, Marriott Hotel, Chicago, contact: Carla Funk, AMA, 535 North Dearborn St., Chicago 60610 (312)645-4392.

June

26-30, AMA Annual Meeting, Chicago Hilton and Towers, contact: AMA, 535 North Dearborn St., Chicago 60610 (312)645-4392 (312) 645-4344.

December

4-7, AMA Interim Meeting, Loews Anatole Hotel, Dallas, TX contact: AMA, 535 North Dearborn St., Chicago 60610 (312)645-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

January

9, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

April

16, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

June

17-19, Annual Meeting—Michigan Association of Neurological Surgeons, Grand Traverse Resort, Traverse City, contact: William F. Chandler, MD, 1500 E. Medical Center Drive, Ann Arbor 48109 (313)936-5020.

July

21, Fifteenth Michigan Emergency Medicine Assembly—EMS Concepts 88 and Base Station Symposium, Michigan Chapter of the American College of Emergency Physicians, Hilton Shanty Creek, Bellaire, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517)332-6500.

Continued on next page

MEETINGS/Continued

October

9, Emergency Medicine Oral Boards Preparation Course, Michigan Chapter of the American College of Emergency Physicians, St. Mary's Hospital, Saginaw, contact: Catherine C. Sleicher, 1305 Abbott, Suite 104, East Lansing 48823 (517) 332-6500.

NATIONAL SPECIALTY SOCIETIES

February

9-14, American Academy of Orthopaedic Surgeons Annual Scientific Meeting, Las Vegas, NV, contact: American Academy of Orthopaedic Surgeons, 222 S. Prospect, Park Ridge, IL 60068 (312)823-7168.

24-3/1, American Academy of Allergy and Immunology Annual Meeting, San Antonio, TX, contact: American Academy of Allergy and Immunology, 611 E. Wells Street, Milwaukee, WI 53202 (414)272-6071.

March

2-5, American College of Nuclear Physicians Annual Scientific Meeting, Sheraton Bal Harbor, Bal Harbor, FL, contact: American College of Nuclear Physicians, 1101 Connecticut Avenue, N.W., Suite 700, Washington, DC 20036 (202)857-1135.

13-16, American College of Emergency Physicians Annual Meeting, Hyatt Regency Westshore, Tampa, FL, contact: American College of Emergency Physicians, P.O. Box 619911, Dallas, TX 75261-9911 (214)550-0911.

19-23, American College of Cardiology Scientific Meeting, Anaheim, CA, contact: American College of Cardiology, 9111 Old Georgetown Road, Bethesda, MD 20814 (301)897-5400.

19-24, American Association of Pathologists Annual Scientific Meeting, New Orleans, LA, contact: American Association of Pathologists, 9650 Rockville Pike, Bethesda, MD 20814 (301)530-7130.

April

4-6, American Association of Neurological Surgeons Annual Meeting, Washington, DC, contact: American Association of Neurological Surgeons, 22 S. Washington, Suite 100, Park Ridge, IL 60068 (312) 692-9500.

13-16, American College of Physicians Annual Meeting, San Francisco, CA, contact: American College of Physicians, 4200 Pine Street, Philadelphia, PA 19104 (215)243-1200.

13-19, American Academy of Neurology Annual Meeting, Hyatt Regency, Chicago, IL, contact: American Academy of Neurology, 2221 University Avenue, S.E., Suite 335, Minneapolis, MN 55414 (612) 623-8115.

29-5/5, American Occupational Medical Association Annual Scientific Meeting, Sheraton Boston, Boston, MA, contact: American Occupational Medical Association, 2340 S. Arlington Heights Road, Suite 400, Arlington Heights, IL 60005 (312)228-6850.

May

3-10, American Association for Thoracic Surgery Annual Scientific Meeting, Sheraton/Hynes Auditorium, Boston, MA, contact: American Association for Thoracic Surgery, 13 Elm Street, Manchester, MA 01944 (617)927-8330.

6-12, American Psychiatric Association Annual Scientific Meeting, Hilton Hotel, San Francisco, CA, contact: American Psychiatric Association, 1400 K. Street, N.W., Washington, DC 20005 (202)682-6000.

7-10, American Association of Plastic Surgeons Annual Scientific Meeting, Camelback Inn, Scottsdale, AZ, contact: American Association of Plastic Surgeons, 233 N. Michigan Avenue, Chicago, IL 60601 (312)856-1818.

OTHER MEETINGS

April

6-7, Southeastern Michigan Medical Expo 88: Quality Medicine of the 90s, Wayne County Medical Society, contact: Wayne County Medical Society Service Bureau, Inc., 1010 Antietam Road, Detroit 48207 (313)567-1640.

25-26, Twelfth Annual Conference of the Michigan Association for Infant Mental Health, Ann Arbor, contact: Thomas Horner, PhD, Child and Adolescent Psychiatric Hospital, University of Michigan Medical Center, Ann Arbor 48109 (313)764-5304.

CLASSIFIED

The rate for classified advertising in *Michigan Medicine* is 80 cents per word, with a minimum charge of $40.00. Copy for classified advertisements should be received not later than the first of the month preceding the month of publication.

POSITIONS OPEN

MIDLAND, MICHIGAN Unique, urgent-care practice opportunity in a well-established center affiliated with local physicians and hospital. Prefer BC/BE in F.P. or E.M. Attractive salary and benefits. Located in professional, progressive, family-oriented community. Send inquiries and/or C.V. to Midland Physician's Med Center, c/o Rick Drimalla, MD or Margaret Wellman, Manager, 975 S. Saginaw Road, Midland, MI 48640.

EMERGENCY MEDICINE For Emergency physician who possesses excellent clinical and trauma skills within a group of 7 emergency room physicians located in beautiful northwest Wisconsin area. Please send C.V. to: Dr. M. Jaghlit, 900 W. Clairemont Ave., Eau Claire, WI 54701, or call (715)839-4404.

ANESTHESIOLOGIST D.O. with recent residency and 1-year pediatric anesthesiology fellowship. Available 5/1/88. Experienced in OB, neuro, epidural narcotics, cardiovascular and invasive monitoring. Contact T. Williams, 1625 Gray Road, Lapeer, Michigan 48446, (313)667-0918.

EMERGENCY ROOM OPENING Suburban Detroit hospital with established patient base has an immediate need for experienced emergency/family medicine physician, internist or general surgeon to staff emergency room/industrial/urgent care clinic with combined annual visits of 32K. Low trauma, low stress, flexible daytime scheduling with coverage, guaranteed hourly rate, and paid malpractice. Contact: Sandy Cundiff, Tyler & Company, 9040 Roswell Road, Atlanta, CA 30350, (404)641-6411.

MICHIGAN EMERCENCY department directorships, full-time and part-time opportunities available throughout the state. Rural and urban locations. Guaranteed hourly rate and malpractice insurance provided. Benefit package available. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

WEST BRANCH MICHIGAN Directorship and full-time emergency department position available at moderate volume facility located in beautiful eastern Michigan. Hourly compensation and malpractice insurance provided. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

DAYTIME EMERGENCY DEPARTMENT OPPORTUNITIES Full-time/part-time positions available Monday-Friday, 8:00 a.m—6:00 p.m. in Michigan's upper peninsula. Primary care training plus ER experience preferred. Earning potential can exceed $90,000 including professional liability insurance. For additional information contact: Mary Jo Tosh, Coastal Emergency Services, Inc., 425 New Ballas Rd., Suite 295, St. Louis, MO 63141; (800)227-2533.

KALAMAZOO Sixth family physician for dynamic comprehensive service with two (suburban and central city) office sites in a socio-economically diverse community. Full salary and fringes. Contact: Steve Pollens, MD, 117 West Paterson Street, Kalamazoo, Michigan 49007 or call (616)349-2641.

HENRY FORD MEDICAL CENTER—DEARBORN undergoing rapid growth and seeking an additional orthopedic surgeon for our 80-member physician group practice. Competitive salary with productivity-based compensation plan, paid malpractice and full benefits. Send CV to: Michael Somand, MD, Medical Director, Henry Ford Medical Center, 19401 Hubbard, Dearborn, MI 48126.

GENERAL SURGEON Recent medical retirement leaves opening for fourth surgeon to join three other Board Certified surgeons practicing general, thoracic and vascular surgery. Located in North Central Indiana. Interest in endoscopy and colo-rectal surgery desirable. Send resume to Box 106, Michigan Medicine, PO Box 950, East Lansing 48826-0950.

ARIZONA-BASED PHYSICIAN RECRUITMENT firm has quality opportunities coast to coast. Available positions in most primary care and surgical specialties to include OB/CYN, Orthopedics, ER, and ENT. "Quality Physicians for Quality Clients since 1972." Call (602)990-8080; or send CV to: Mitchell & Associates, Inc., PO Box 1804, Scottsdale, AZ 85252.

FAMILY PRACTITIONER AND INTERNAL MEDICINE SPECIALISTS to join seven doctor Family Practice Clinic in Cloquet, Minnesota, a community of 12,000 (30,000 service area) located 20 minutes from Duluth-Superior. Clinic facility is located one block from modern, well-equipped 77-bed hospital. Cloquet enjoys a stable economy (forest products). Additionally, our community is noted for its excellent school system. First year salary guarantee, paid malpractice, health and disability insurance, vacation and study time. Contact John Turonie, Administrator, Raiter Clinic, Ltd., 417 Skyline Blvd., Cloquet, MN 55720. Telephone (218) 879-1271.

EMERGENCY ROOM PHYSICIANS Residency trained or board-certified emergency physicians for full-time position in Spring, 1988. Teaching hospital. To join well-established group in southwest Michigan. Outstanding residential community and superlative recreational and cultural opportunities. Please send CV to president, SWMES, 4341 S. Westnedge, Suite 1112, Kalamazoo 49008.

FAMILY PRACTICE. Unique opportunity in outpatient family medicine. Marshfield Clinic is seeking a board-certified/eligible family practitioner to join its expanding center in Mosinee, Wisconsin. The Center is currently staffed by three family practitioners and a physician's assistant. Full specialty consultation is readily available. Emphasis on quality lifestyle is combined with excellent compensation and fringe benefits. Send curriculum vitae and references to Richard C. Nash, MD, 607 13th Street, Mosinee, WI 54455 or call collect to (715)693-6711.

FAMILY PRACTICE. Marshfield Clinic, Department of Family Medicine, has an opportunity for a BE/BC family practice specialist to join its six-member group. This position offers a high-quality, fulfilling practice with both in-patient and out-patient responsibilities. This physician would enjoy the support of one of the nation's largest multi-specialty groups. Unique rural setting, excellent salary, plus extensive fringe benefits. Reply with CV to: Steven M. Fontanini, DO, Chairman, Department of Family Practice, Marshfield Clinic, 1000 North Oak Avenue, Marshfield, WI 54449, or call collect (715) 387-5168.

WANTED Residency-trained family physician with interest in obstetrics to join two residency-trained family physicians in newly-designed and constructed office in St. Joseph, near Lake Michigan. High first-year guarantee with no first-year expenses. Excellent benefits. Send CV to: Family Physicians of St. Joseph, P.C., 815 Myrtle, St. Joseph, MI 49085, attn: John Proos, MD.

ORTHOPEDIC, OB/GYN industrial and family practice doctors needed for a large multi-specialty group practice in suburban metro Detroit area. Excellent opportunity, all replies confidential. Please respond to Box 112, Michigan Medicine, 120 W. Saginaw, East Lansing, MI 48823.

WINTER IN FLORIDA Board-certified internal medicine specialist with interest in diabetes. Charming gulf front community. Start Nov—Dec. Excellent salary. Sarasota, Florida, (813)922-0751.

ADDITIONAL INTERNIST needed for successful, growing group practice in north central Indiana, close to Chicago and Indianapolis. Excellent compensation and benefits package are being offered. For more information, call Robert A. Douglas, MD, 1-800-327-1585.

INTERNAL MEDICINE Board-certified or eligible to join 12-physician, expanding, multi-specialty practice in northern Wisconsin. Clinic adjoins JCAH hospital. Rural location with abundant outdoor recreational opportunities, small four-year college. Excellent salary and benefits. Call collect (715)532-6651 or send curriculum vitae with names of references to: John C. Smylie, Administrator, Marshfield Clinic— Ladysmith Center, 906 College Avenue W., Ladysmith, WI 54848

Continued on next page

CLASSIFIEDS/Continued

INTERNIST BE/BC To join two young internists in growing practice in Michigan's beautiful Upper Peninsula. New local hospital. Campus for Michigan State University Medical School. Community of 15,000. Send CV or call: Doctors Spender and Kuehnl, 218 South 10th Street, Escanaba, 49829.(906)786-1563.

FULL-TIME, PART-TIME AND LOCUM TENENS GPs, PPS and Emergency Physicians needed to staff a network of convenience medical care centers located in Bay City, Saginaw, Midland and Mt. Pleasant, Michigan. Flexible hours and attractive compensation packages. Send CV to, or contact Euclid Medical Group, PC, 1420 Center Avenue, Bay City 48708, (517)892-1199.

FAMILY PRACTICE PHYSICIAN BC/BE wanted to join busy four man group in beautiful northeastern Michigan on Lake Huron. City/township population of 22,000, service area population 64,000. Exceptional summer and winter recreation are, sailing, scuba diving, boating, fishing, hunting, skiing, golf. Excellent opportunity, salary, benefits, partnership after one year. Contact: William Ray, Director, Medical Arts Clinic, PC, 211 Long Rapids Road, Alpena 49707. (517)354-2142.

INTERNIST, OB/GYN AND GENERAL PRACTICE PHYSICIANS Immediate opening in a busy established practice, located in the thumb of Michigan, about 100 miles from Detroit. Excellent schools, comfortable lifestyle with many opportunities for outdoor recreation. Competitive salary with all practice expenses paid, plus fringe benefits. Shareholder status available after first year. Reply to: Pigeon Clinic, PC, 7293 Michigan Avenue, Pigeon 48755 or call (517)453-3221.

GROUP HEALTH, INC. seeks BC/BE associates in: Cardiology, Internal Medicine and Obstetrics/Gynecology. A balanced lifestyle includes the enjoyment of practicing quality medicine in a 30-year-old prepaid, multispecialty setting, located in one of the nation's leading metropolitan areas, working in excellent facilities, participating in comprehensive benefits with flexible compensation and teaching opportunities available. Please send CV to: Jerry Hess, Group Health, Inc., 2829 University Avenue South East, Minneapolis, MN 55414.

CYTOTECHNOLOGIST WANTED to screen cytology specimens for cancer and other human diseases by staining, mounting and studying cells under a microscope, assess and report the presence, nature and extent of typical or malignant changes; and participate in seminars to keep abreast of new techniques. Requires two years experience and registered Cytotechnologist with the American Society of Clinical Pathologists. $20,800.00 per year. 40 hours per week. Send resume to 7310 Woodward Ave., Room 415, Detroit, MI 48202.

PHYSICIAN DIRECTORSHIP Seeking qualified physician, preferably with interest and experience in emergency medicine/urgent care, to assume directorship of an Urgent Care Center located in a town of 8,000 near a large, metropolitan area. Candidates must be board-certified or eligible and committed to quality patient care. Desirable characteristics include leadership ability, the ability to work with the community and its medical staff, good management skills and progressive thinking. Responsibilities also include providing direct patient care in the urgent care center. Salary competitive with excellent benefits. Equal Opportunity Employer. Please reply to Box 115, Michigan Medicine, PO Box 950, East Lansing, 48826-0950.

IMMEDIATE OPENING FOR family practitioner or internist. Full-time or part-time. Maybe semi-retired for physicians office in the Southfield, Lathrup area. Call Richard Corey, Administrator (313)557-5155.

NON-INVASIVE, BC/BE cardiologist, experience in CCU as well as internal medicine. Mt. Clemens, Michigan area. Salary negotiable. Send curriculum vitae and references.

FAMILY PRACTICE Southwestern Michigan. Well-established physician seeking partner to share in full scope of family medicine, including obstetrics and pediatrics. Serving area: 150,000. Full ICU, CCU privileges in 332-bed hospital. Candidate must be board certifiable or certified. Compensation to include guarantee plus benefits. Please reply to Box 114, Michigan Medicine, PO Box 950, East Lansing, 48826-0950.

MICHIGAN, ANN ARBOR-DETROIT AREA. Looking for career-oriented emergency physicians board-certified/prepared in emergency medicine, internal medicine, surgery or family practice. Directorships with stipends available. Excellent compensation including malpractice insurance. Contact: Emergency Consultants, Inc., One Windemere Place, Room 23, Petoskey, MI 49770; 1-800-253-7092 or in Michigan 1-800-632-9650.

EMERGENCY ROOM PHYSICIANS Full- or part-time positions. Rural southwest Michigan. Competitive reimbursement; ACLS required, ATLS preferred. Nice rural community. Please send CV to president, SWMES, 4341 S. Westnedge, Suite 1112, Kalamazoo 49008.

OB/GYN BOARD CERTIFIED or eligible, to join highly progressive, rapidly growing practice. Normal and high risk obstetrics emphasized along with highest levels of infertility care (microsurgery, GIFT, IVF, laparoscopic laser surgery), as well as extensive gynecology and surgery practice. Easy lake country or Milwaukee suburban living. Salary and guarantees to meet your needs with opportunity for partnership in one year. Available July 1988, or earlier, Contact Matt Meyer, MD, Women's Health Care, S.C./Milwaukee Regional Fertility Center, 426 W. Main Street, Waukesha, Wisconsin 53186, 414-549-1333.

MISCELLANEOUS

HOLTER MONITOR Quality scanning for reel or cassette recorders by a company in the medical field for over twenty years. Quality reports by qualified technicians and certified cardiologists returned in 24
hours. Recorders loaned, leased or purchase ne
dual channel holter recorder, $995, with one ye
warranty. For further information call Advan
Medical & Research Center 1-800-552-6753.

HOLTER EQUIPMENT Own your own new du
channel (cassette) recorder for as little as $48.00 p
month. $35.00 for reports. DCG Interpretatio
(313)879-8860.

MUST SELL UROLOGY PRACTICE in Weste
Michigan, grossing $300,000 plus. Call or writ
(313)353-3610 or Michigan Practice Brokerage Co
poration, 20300 Civic Center Drive, Suite 23
Southfield, Michigan 48076-4105.

FOR SALE Well-established, highly-regarded pec
atric practice in western Michigan. Gross over $2
K. Excellent growth potential, especially in newbo
area. Super Lake Michigan fishing, sailing, boatin
excellent schools and family living. Will stay to i
troduce to insure continuity of practice. Reply to B
113 Michigan Medicine, 120 W. Saginaw, East La
sing, MI 48823.

LEASE HOLTER RECORDERS or other medic
equipment. Medical Leasing Compan
(313)879-8860.

PHYSICIAN SIGNATURE LOANS TO $50,000
to 7 years to repay. No prepayment penalti
Prompt, courteous service. Competitive fixed rat
Physicians Service Association, Atlanta, GA. To
free (800)241-6905.

**APPRAISAL SERVICE FOR THE PROFE
SIONAL** Medical and office equipment for phys
cians offices, nursing homes, hospitals and clinic
20 years experience. Business valuations also ava
able. No sales. Call or write Schrader Companie
1108 S. Water, PO Box 3205, Saginaw 4860
(517)752-0800.

50% OFF PREVIOUSLY-OWNED MEDICA
laboratory, x-ray, ultrasound equipment. We bu
sell, broker, repair. Medical Equipment Resale a
Repair Inc. 24026 Haggerty Road, Farmington Hi
48018. (313)477-6880.

APPRAISALS AVAILABLE by certified surgic
consultant; practice sales, retirement, taxes, inve
tory, divorces. Medical Equipment Resale, In
24026 Haggerty Road, Farmington Hills 4801
(313)477-6880.

APPRAISALS AND EVALUATIONS We speciali
in determining the value of practices for any purp
— sale, purchase, buy-in—buy-out. Financial pla
ning, divorce, etc. We also specialize in partnersh
development and practice analysis. Protect your i
terests! Call Richard Corey, CMDC, Medical-De
tal Management Consultants Corp., 31158 Perr
Crossing, Farmington Hills 48018, Day (31
661-0888, night (313)661-0404.

GRANDVILLE MICHIGAN. Office building f
lease with option to buy 2,750 square foot office, w
be available in July 1988. The modern medi
building is located in fast growing and afflue
suburb of Grand Rapids. Impressive waiting roo
X-ray, big lab, three consultation rooms, busine
office, office manager room, and eight exam roo
Across from shopping mall, one minute to expres

way, ten minutes to major hospitals. Has potential for expansion in adjacent 1,700 square-foot space. Ideal for three aggressive family physicians or internists. Six month free lease and attractive terms to the suitable tenant. Write Dr. Alfred Shihata, 1017 Surrey Dr., Bonita, CA 92002.

LOCUM TENENS positions available in all specialties throughout the country. Work one to fifty-two weeks while you travel (expenses paid) and enjoy an excellent guaranteed income. Malpractice insurance, housing & transportation provided. Contact: Locum Medical Group, 30100 Chagrin Blvd., Cleveland, Ohio 44124 or call (800)752-5515.

FOR PHYSICIANS: unsecured signature loans $5,000-$60,000. No points or fees. Best rates, level payments. Deferred principle option. No prepayment penalties. Up to six years to repay. For information and application, call toll-free 1-800-331-4952, MediVersal, Dept. 114.

PRIME MEDICAL PROFESSIONAL OFFICE space for lease. New singlestory facility. 3.5 miles east of Lakeside Mall. Close to St. Joseph Hospital East and West, Mt. Clemens General, Beaumont Troy, and Crittenden. 1,000 to 6,000 square feet available. Presently two tenants in family practice, a physician and a dentist. Interested in medical specialists. $9.00 per square foot. Call Flo 263-9100.

TWO DEVELOPED PRACTICES One with building, just assume debt. Thirty minutes from downtown Grand Rapids. Small-town atmosphere, neat, organized and fully-equipped. Excellent opportunity. Competition minimal. Terms! Terms! Call Herbert Silverman, Associated Broker (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

LINCOLN PARK DOCTOR RETIRING Well-developed practice established 35 years. Located in pleasant residential area. Bus transporation available. Fully-equipped and furnished. Netting $79,000, great terms, pay for practice out of profits. 2900 sq. ft. building. Land contract available, terms! Call Herbert Silverman, Associated Broker (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

OAK PARK GENERAL PRACTICE Large, neat, well-organized, pleasant offices. Excellent patient base. Ideal starter/merger opportunity. Excellent parking. Easy terms. Call Herbert Silverman (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

PHARMACY Desirable location in a Bloomfield Hills medical-professional building. Better than average volume. Minimal competition, Pharmacist retiring, opportunities galore. Call Herbert Silverman (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

PSYCHIATRIST PRACTICE Troy. Now available, great opportunity, smooth transition. Call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

LET US MARKET YOUR PRACTICE We bring buyers and sellers together quickly and at the right price and terms! We also specialize in evaluations, marketing, consulting, negotiations, financing, transition phase in/phase out. Please call Herbert Silverman, Associate Broker (313) 569-7336. Professional Practice Sales, Inc. 27208 Southfield Rd., Lathrup Village 48076.

50% OFF PREVIOUSLY-OWNED MEDICAL, laboratory, x-ray, ultrasound equipment. We buy, sell, broker, repair. Appraisals available by certified surgical consultants. Medical equipment resale and repair, Inc. 24026 Haggerty Rd., Farmington Hills, MI 48018 (313)477-6880.

OB/GYN PRACTICE: Macomb County. Surgical Practice: Royal Oak. Two psychiatric practices: St. Clair Shores & Grand Blanc. Womens clinic: Detroit. Internal medicine practice: Mason County. General practice: Detroit. For more information call Lydia Sikor, Commonwealth Health Care Group, Inc. (313)548-9900.

WE HAVE QUALIFIED PURCHASERS looking to purchase or leaseback nursing homes in Michigan. All inquiries are confidential. Call Commonwealth Health Care Group, Inc. (313)548-9900.

PRACTICES WANTED We have qualified purchasers looking to assume established MD and DO practices in the Metro area. All inquiries are confidential. Call Commonwealth Health Care Group at (313)548-9900.

Thanks to our advertisers

Advance Medical Research	821
American Cancer Society	812
American Medical Association	800
Bennethum	797
Burroughs	815, 816, 825
Campbell Labs	828
Classified Advertisers	833, 834, 835
CME	829, 830, 831, 832
Family Practice Recert	811
Kidder Peabody	826
Lab of Clinical Medicine	811
Lilly	814
Michigan Bell	819
MI Health Billing & Collection	809
Medic Computer Systems	799
MediScene	IFC
MPMLC	823
PICOM	807
Public Sector Consultants	818
Sargent, Douglas M.D.	835
Smith, Kline & French	813
Stratton Cheesman	827
Roche	IBC, BC
U of M Labs	809
University of Wisconsin	805
U.S. Air Force	820
Ward Medical Labs	824

This year celebrate with Christmas Seals.®

AMERICAN LUNG ASSOCIATION
80th ANNIVERSARY • 1987

It's a matter of life and breath.®

AMERICAN LUNG ASSOCIATION®
The Christmas Seal People®

Space contributed by the publisher as a public service

Being Sued?

Join a confidential LITIGATION SUPPORT GROUP

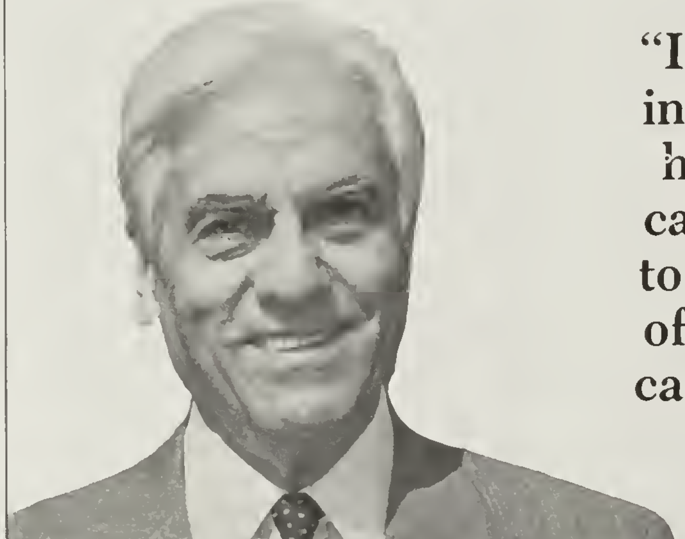
Call (313) 886-8511

or write to:

Douglas A. Sargent,
M.D., J.D.
63 Kercheval, Suite 208
Grosse Pointe Farms, MI
48236

Many healthy tomorrows

Editor's note: Doctor Gagliardi has been very busy lately promoting Michigan physicians, the Michigan State Medical Society and the health care industry in general. As an example of his efforts, Doctor Gagliardi's article this month repeats verbatim a speech he gave at the Capitol Health Promotion Day on October 15 in Lansing.



Carl A. Gagliardi, MD

> "In this era of growing concern over the high cost of health care, it is significant to note that one-half of Michigan's health care expenditures are on preventable diseases."

As president of the Michigan State Medical Society, I am proud to be representing the physicians of Michigan in being part of today's celebration. Amidst the many celebrations of Michigan's sesquicentennial year, it is most appropriate to designate a day for learning about and enjoying Michigan's most precious resource—the well-being of our citizens.

Over 50 public and private health agencies and organizations are participating in Capital Health Promotion Day to remind all of us that our good health can be in our hands. Developing good habits today—and avoiding habits which endanger our health—is our best assurance of a healthy future.

In this era of growing concern over the high cost of health care, it is significant to note that one-half of Michigan's health care expenditures are on preventable diseases.

Each of us can work, and should work, to avoid diseases such as lung cancer, heart disease, oral cancer, AIDS, hypertension, and chemical dependency by avoiding the habits and behaviors that put us at risk.

Each of us can work to avoid needless traffic deaths and serious injury by wearing our seat belts and by avoiding the deadly combination of alcohol and driving.

The 11,000 physicians who are the Michigan State Medical Society have as our theme "Caring Today For a Healthy Tomorrow." Physicians in Michigan want to work in partnership with each of you to assure your future health.

As part of our efforts toward a healthy tomorrow, the Michigan State Medical Society has supported mandatory seat belt laws, and is currently seeking regulation of all-terrain vehicles.

Michigan physicians have worked to protect non-smokers from the hazards of second-hand smoke through support of clea indoor air legislation and ar aiming for a smokeless society b the year 2000.

Doctors have participated i statewide efforts to educate ou schoolchildren about good healt and to educate people abou AIDS, breast cancer and the importance of prenatal care.

These are all public polic measures which doctors, healt officials and legislators believ will help protect and preserve ou health and safety. We have al joined in caring today for healthy Michigan in the future The rest is up to each of us individually.

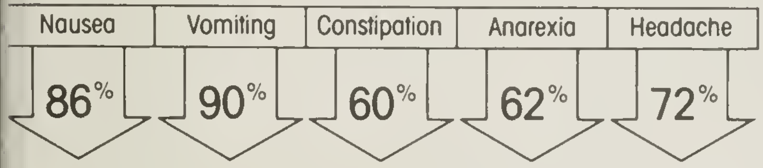
On behalf of the Michigan State Medical Society, I want t congratulate the organizers of today's celebration of health promotion in Michigan. And t everyone here, may I extend th best wishes of Michigan's doctor for many healthy tomorrows. ☐

Doctor Gagliardi is 1987-88 MSMS president.

See the difference in the first week[1]

Significantly faster relief—62% of total four-week improvement evident in first week versus 44% with amitriptyline alone[1]

Dramatic first-week reduction in somatic complaints[2]



% Reduction in Somatic Symptoms[1]

Only ⅓ the dropout rate due to side effects of amitriptyline alone, although the incidence of side effects is similar[1]

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

Copyright © 1987 by Roche Products Inc. All rights reserved.

Protect your decision.
Write "Do not substitute."

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

References: 1. Feighner JP, *et al. Psychopharmacology 61* 217-225, Mar 22, 1979 **2.** Data on file, Hoffmann-La Roche Inc , Nutley, NJ

Limbitrol® Ⓒ IV
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of moderate to severe depression associated with moderate to severe anxiety

Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use, then initiate cautiously, gradually increasing dosage until optimal response is achieved Contraindicated during acute recovery phase following myocardial infarction

Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs Closely supervise cardiovascular patients (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses Myocardial infarction and stroke reported with use of this class of drugs) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (*e g* , operating machinery, driving)

> ***Usage in Pregnancy:* Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage, withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline, symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide)

Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients Periodic liver function tests and blood counts are recommended during prolonged treatment Amitriptyline component may block action of guanethidine or similar antihypertensives When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady state concentrations of the tricyclic drugs Concomitant use of Limbitrol with other psychotropic drugs has not been evaluated, sedative effects may be additive Discontinue several days before surgery Limit concomitant administration of ECT to essential treatment See Warnings for precautions about pregnancy Limbitrol should not be taken during the nursing period Not recommended in children under 12 In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects

Adverse Reactions: Most frequently reported are those associated with either component alone drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely

The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs

Cardiovascular Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke

Psychiatric Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido

Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns

Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract

Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus

Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia

Gastrointestinal Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue

Endocrine Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion

Other Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling

Overdosage: Immediately hospitalize patient suspected of having taken an overdose Treatment is symptomatic and supportive I V administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning See complete product information for manifestation and treatment

Dosage: Individualize according to symptom severity and patient response Reduce to smallest effective dosage when satisfactory response is obtained Larger portion of daily dose may be taken at bedtime Single *h s* dose may suffice for some patients Lower dosages are recommended for the elderly Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses

How Supplied: *Double strength (DS) Tablets,* white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets,* blue, film-coated, each containing 5 mg chlordiazepoxide and 12 5 mg amitriptyline (as the hydrochloride salt) Available in bottles of 100 and 500; Tel-E-Dose® packages of 100, Prescription Paks of 50

ROCHE PRODUCTS INC
Manati, Puerto Rico 00701

P I 0585

THE REWARDS OF LIMBITROL

You're both smiling again!

In depressed and anxious patients, you can see the difference sooner—62% of total four-week improvement achieved in the first week with Limbitrol versus 44% with amitriptyline.[1]

IN MODERATE DEPRESSION AND ANXIETY

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) Ⓒ IV

SEE THE DIFFERENCE IN THE FIRST WEEK[1]

ROCHE®

Please see references and summary of product information on adjacent page.

UC
San Francisco
LIBRARY
UNIVERSITY OF CALIFORNIA

3 1378 00488 5912